### Case 17-29322 Doc 1 Filed 09/29/17 Entered 09/29/17 16:10:02 Desc Main Document Page 1 of 67

| Fill in this information to identify your case:                                 |                                                                           |                                    |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |                                                                           |                                    |
| Case number (if known)                                                          | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself                                                                              |                            |                                               |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
|                                                                                                        | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  Write the name that is on                                                              | Rosie<br>First name        | First name                                    |
| your government-issued<br>picture identification (for<br>example, your driver's<br>license or passport | Middle name  Portis        | Middle name                                   |
| license or passport                                                                                    | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee.                                    | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you                                                                                 |                            |                                               |
| have used in the last                                                                                  | First name                 | First name                                    |
| 8 years  Include your married or                                                                       | Middle name                | Middle name                                   |
| maiden names.                                                                                          | Last name                  | Last name                                     |
|                                                                                                        | First name                 | First name                                    |
|                                                                                                        | Middle name                | Middle name                                   |
|                                                                                                        | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social                                                               | XXX - XX- 9474             |                                               |
| Security number or<br>federal Individual                                                               | OR                         | OR                                            |
| Taxpayer Identification number                                                                         | 9 xx - xx-                 | 9 xx - xx-                                    |

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| D  | ebtor 1 Hosie<br>First Name                            | Portis  Middle Name Last Name                                                                                                                       | Case number (if known)                                                                                                                     |
|----|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |
|    |                                                        | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.                                                                                                         | I have not used any business names or EINs.                                                                                                |
|    | Identification Numbers (EIN) you have used in the last | Business name                                                                                                                                       | Business name                                                                                                                              |
|    | 8 years                                                | Business name                                                                                                                                       | Business name                                                                                                                              |
|    | Include trade names and doing business as names        | EIN                                                                                                                                                 | EIN                                                                                                                                        |
|    |                                                        | EIN                                                                                                                                                 | EIN                                                                                                                                        |
| 5. | Where you live                                         |                                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                  |
|    |                                                        | 129 S. May Street  Number Street                                                                                                                    | Number Street                                                                                                                              |
|    |                                                        | Joliet Illinois 60436                                                                                                                               |                                                                                                                                            |
|    |                                                        | City State Zip Code                                                                                                                                 | City State Zip Code                                                                                                                        |
|    |                                                        | Will                                                                                                                                                | 0                                                                                                                                          |
|    |                                                        | County                                                                                                                                              | County                                                                                                                                     |
|    |                                                        | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |                                                        | Number Street                                                                                                                                       | Number Street                                                                                                                              |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |
|    |                                                        | City State Zip Code                                                                                                                                 | City State Zip Code                                                                                                                        |
| 6. | Why you are choosing this district                     | Check one:                                                                                                                                          | Check one:                                                                                                                                 |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |                                                        | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)                                                                                            | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)                                                                                   |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |

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| Debtor 1 Rosie                                                                                                                                      |                                                                                                                                                        | Portis                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case number (if kno                                                                                                                                      | own)                                                                                                |                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name                                                                                                                                          | Middle Name                                                                                                                                            | Last Name                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                     |                                                                                                                                                        |
| Part 2: Tell the Court Abo                                                                                                                          | out Your Bankruptc                                                                                                                                     | y Case                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                     |                                                                                                                                                        |
| <ol> <li>The chapter of the<br/>Bankruptcy Code you<br/>are choosing to file<br/>under</li> </ol>                                                   |                                                                                                                                                        | rief description of each, see<br>2010)). Also, go to the top c                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                     | ndividuals Filing for                                                                                                                                  |
| 8. How you will pay the fee                                                                                                                         | more details ab cashier's check may pay with a  I need to pay the landividuals to F  I request that rejudge may, but the official pove you choose this | credit card or check with<br>he fee in installments. If<br>Pay Your Filing Fee in Ins  | rpically, if your attorney is a pre-printed you choose tallments (Onay request your fee, and our family sit the Application of the state of the stat | ou are paying the<br>submitting you<br>ed address.<br>This option, sign<br>official Form 103<br>this option only<br>d may do so only<br>ze and you are u | e fee yourself, r payment on y and attach to A).  If you are filingly if your incorunable to pay to | you may pay with cash, your behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If |
| 9. Have you filed for<br>bankruptcy within the<br>last 8 years?                                                                                     | No.  Yes. District  District  District                                                                                                                 | Northern District of Illinois                                                          | When<br>When<br>When                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11/23/2015<br>MM / DD / YYYY<br>MM / DD / YYYY                                                                                                           | Case number _ Case number _ Case number _                                                           | 15-39819                                                                                                                                               |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor                                                                                                                                            |                                                                                        | When<br>When                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MM / DD / YYYY                                                                                                                                           | Relationship to Case number, i Relationship to Case number, i                                       | f known                                                                                                                                                |
| 11. Do you rent your residence?                                                                                                                     | ✓ No. G                                                                                                                                                | andlord obtained an eviction to line 12.  The statement About its bankruptcy petition. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                     |                                                                                                                                                        |

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Portis Debtor 1 Rosie \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1 First Name
 Rosie
 Portis
 Case number (if known)

 Last Name
 Last Name

| Part 5: Explain Your Effor                                                                                | rts to Receive a Brie                                             | efing About Credit Counseling                                                                                                                                                        |                                                                  |                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                           | About Debtor 1:                                                   |                                                                                                                                                                                      | About Debtor 2 (Sp                                               | oouse Only in a Joint Case):                                                                                                                                                        |
| 15. Tell the court                                                                                        | You must check one:                                               |                                                                                                                                                                                      | You must check one:                                              |                                                                                                                                                                                     |
| whether you have received briefing about credit counseling.                                               | counseling ager                                                   | fing from an approved credit<br>ncy within the 180 days before I<br>aptcy petition, and I received a<br>mpletion.                                                                    | counseling ager                                                  | fing from an approved credit<br>ncy within the 180 days before I<br>aptcy petition, and I received a<br>appletion.                                                                  |
| The law requires that you receive a briefing                                                              |                                                                   | the certificate and the payment plan, eveloped with the agency.                                                                                                                      |                                                                  | the certificate and the payment plan, veloped with the agency.                                                                                                                      |
| about credit counseling before you file for bankruptcy. You must truthfully                               | counseling ager                                                   | fing from an approved credit<br>ncy within the 180 days before I<br>aptcy petition, but I do not have a<br>mpletion.                                                                 | counseling ager                                                  | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>mpletion.                                                                |
| check one of the<br>following choices. If<br>you cannot do so, you<br>are not eligible to file.           |                                                                   | ter you file this bankruptcy petition, copy of the certificate and payment                                                                                                           |                                                                  | er you file this bankruptcy petition, copy of the certificate and payment                                                                                                           |
| If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques                   | ked for credit counseling services<br>ed agency, but was unable to<br>rvices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                    | from an approve obtain those ser made my reques                  | ked for credit counseling services<br>ed agency, but was unable to<br>rvices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                   |
| creditors can begin<br>collection activities<br>again.                                                    | requirement, atta<br>efforts you made<br>unable to obtain i       | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this       | requirement, atta<br>efforts you made<br>unable to obtain i      | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this      |
|                                                                                                           |                                                                   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.                                                                                                 |                                                                  | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.                                                                                                |
|                                                                                                           | receive a briefing<br>must file a certifica<br>with a copy of the | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along a payment plan you developed, if any. so, your case may be dismissed. | receive a briefing<br>must file a certific<br>with a copy of the | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along a payment plan you developed, if any. o, your case may be dismissed. |
|                                                                                                           |                                                                   | the 30-day deadline is granted only imited to a maximum of 15 days.                                                                                                                  |                                                                  | the 30-day deadline is granted only mited to a maximum of 15 days.                                                                                                                  |
|                                                                                                           | I am not require counseling beca                                  | d to receive a briefing about credit ause of:                                                                                                                                        | I am not require counseling beca                                 | d to receive a briefing about credit ause of:                                                                                                                                       |
|                                                                                                           | ☐ Incapacity.                                                     | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.                                            | ☐ Incapacity.                                                    | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.                                           |
|                                                                                                           | Disability.                                                       | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.         | Disability.                                                      | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.        |
|                                                                                                           | Active duty.                                                      | I am currently on active military duty in a military combat zone.                                                                                                                    | Active duty.                                                     | I am currently on active military duty in a military combat zone.                                                                                                                   |
|                                                                                                           | about credit cour                                                 | are not required to receive a briefing aseling, you must file a motion for ounseling with the court.                                                                                 | about credit cour                                                | are not required to receive a briefing seling, you must file a motion for ounseling with the court.                                                                                 |

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Portis Debtor 1 Rosie Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Rosie Portis Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 9/29/2017 Executed on MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Rosie                                   |                            | Portis               | Case number (               | if known)                                                                                                                |
|--------------------------------------------------|----------------------------|----------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------|
| First Name                                       | Middle Name                | Last Name            |                             |                                                                                                                          |
| For your attorney, if you are represented by one | eligibility to proceed und | ler Chapter 7, 11, 1 | 2, or 13 of title 11, Unite | have informed the debtor(s) about<br>ed States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requi | ired by 11 U.S.C. §  | 342(b) and, in a case in    | which § 707(b)(4)(D) applies, certify that I                                                                             |
| represented by an                                | have no knowledge after    | an inquiry that the  | information in the sche     | dules filed with the petition is incorrect.                                                                              |
| attorney, you do not                             |                            |                      |                             | ·                                                                                                                        |
| need to file this page.                          | /s/ Brenda Likavec         |                      | Date                        | 9/29/2017                                                                                                                |
|                                                  | Signature of Attorney for  | or Debtor            | <del></del> i               | MM / DD / YYYY                                                                                                           |
|                                                  | ,                          |                      |                             |                                                                                                                          |
|                                                  |                            |                      |                             |                                                                                                                          |
|                                                  | Brenda Likavec             |                      |                             |                                                                                                                          |
|                                                  | Printed name               |                      |                             |                                                                                                                          |
|                                                  | Semrad Law Firm            |                      |                             |                                                                                                                          |
|                                                  | Firm name                  |                      |                             |                                                                                                                          |
|                                                  | 2424 Plainfield Road       |                      |                             |                                                                                                                          |
|                                                  | Street                     |                      |                             |                                                                                                                          |
|                                                  | Suite 300                  |                      |                             |                                                                                                                          |
|                                                  | Suite 900                  |                      |                             |                                                                                                                          |
|                                                  | Crest Hill                 |                      | Illinois                    | 60403                                                                                                                    |
|                                                  | City                       |                      | State                       | Zip Code                                                                                                                 |
|                                                  |                            |                      |                             |                                                                                                                          |
|                                                  | Contact phone              | 3122568701           | Email address               | blikavec@semradlaw.com                                                                                                   |
|                                                  |                            |                      | <del></del>                 |                                                                                                                          |
|                                                  |                            |                      | Illino                      | s                                                                                                                        |
|                                                  | Bar number                 |                      | State                       |                                                                                                                          |

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| Fill in this infor        | mation to identify your ca | ase:        |                      |
|---------------------------|----------------------------|-------------|----------------------|
| Debtor 1                  | Rosie                      |             | Portis               |
|                           | First Name                 | Middle Name | Last Name            |
| Debtor 2                  |                            |             |                      |
| (Spouse, if filing)       | First Name                 | Middle Name | Last Name            |
| United States E           | Sankruptcy Court for the:  | Northern    | District of Illinois |
|                           |                            |             | (State)              |
| Case number<br>(If known) | -                          |             |                      |

| П | Check if | this    | is | an |
|---|----------|---------|----|----|
|   | amende   | d filir | ηg |    |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|                                                                                                                                                                             | <b>Your assets</b> Value of what you own |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B)                                                                                                                             |                                          |
| 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                      | \$0.00                                   |
| 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                | \$14,775.00                              |
| 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                     | \$14,775.00                              |
| Part 2: Summarize Your Liabilities                                                                                                                                          |                                          |
|                                                                                                                                                                             | Your liabilities<br>Amount you owe       |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                                                                           | \$19,526.00                              |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule                                                            | ÷D Ψ13,320.00                            |
|                                                                                                                                                                             |                                          |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)                                                                                                 | \$2,000.00                               |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F |                                          |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                       | \$6,298.26                               |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                                                              | \$6,298.26                               |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                           | \$6,298.26                               |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>                                                                       | \$6,298.26                               |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                                                              | \$6,298.26<br>ties \$27,824.26           |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                                                              | \$6,298.26<br>ties \$27,824.26           |

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Debtor 1 Rosie Portis \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$3,301.15 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$2,000.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$2,000.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                           | inforn                  | nation to identify your ca                                                       | ase:                                                        |                              |                                                                                                                                 |                             |                     |                                                                               |                                                                                                                                       |
|----------------------------------------|-------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1                               |                         | Rosie                                                                            |                                                             |                              | Portis                                                                                                                          |                             |                     |                                                                               |                                                                                                                                       |
|                                        |                         | First Name                                                                       | Middle N                                                    | ame                          | Last Name                                                                                                                       |                             |                     |                                                                               |                                                                                                                                       |
| Debtor 2<br>(Spouse, if fi             | ling)                   | First Name                                                                       | Middle N                                                    | ame                          | Last Name                                                                                                                       |                             |                     |                                                                               |                                                                                                                                       |
| United Sta                             | ates Ba                 | ankruptcy Court for the:                                                         | Northern                                                    |                              | District of Illinois                                                                                                            |                             |                     |                                                                               |                                                                                                                                       |
| Case num                               |                         |                                                                                  |                                                             |                              | (State)                                                                                                                         |                             |                     |                                                                               |                                                                                                                                       |
| , ,                                    | al Fo                   | orm 106A/B                                                                       |                                                             |                              |                                                                                                                                 |                             |                     |                                                                               | Check if this is an amended filing                                                                                                    |
| Sche                                   | dul                     | e A/B: Prope                                                                     | rty                                                         |                              |                                                                                                                                 |                             |                     |                                                                               | 12/1                                                                                                                                  |
| category v<br>responsibl<br>write your | where<br>le for<br>name | you think it fits best. B<br>supplying correct inforr<br>e and case number (if k | Be as complete ar<br>mation. If more sp<br>nown). Answer ev | nd acc<br>pace is<br>very qu | usset only once. If an asse<br>urate as possible. If two r<br>s needed, attach a separa<br>uestion.<br>Other Real Estate You    | married peo<br>ate sheet to | ple are<br>this for | filing together, both a<br>m. On the top of any a                             | re equally                                                                                                                            |
| 1. Do you                              |                         | or have any legal or eq<br>So to Part 2                                          | uitable interest i                                          | n any                        | residence, building, land,                                                                                                      | or similar p                | roperty             | ?                                                                             |                                                                                                                                       |
|                                        |                         | Where is the property?                                                           |                                                             |                              |                                                                                                                                 |                             |                     |                                                                               |                                                                                                                                       |
| 1.1                                    |                         | t address, if available, or c                                                    | other description                                           |                              | is the property? Check all ingle-family home uplex or multi-unit building                                                       |                             |                     | the amount of any secu                                                        | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.                                                   |
|                                        |                         |                                                                                  |                                                             |                              | condominium or cooperative                                                                                                      | е                           |                     | Current value of the entire property?                                         | Current value of the portion you own?                                                                                                 |
|                                        | Num                     | ber Street                                                                       | Zip Code                                                    |                              | and<br>nvestment property<br>imeshare<br>ther                                                                                   |                             |                     | Describe the nature o<br>interest (such as fee s<br>the entireties, or a life | imple, tenancy by                                                                                                                     |
|                                        | o,                      | Sidio                                                                            | <b></b>                                                     | one.                         | has an interest in the pro                                                                                                      | perty? Chec                 | ck                  | Check if this is co<br>(see instructions)                                     | mmunity property                                                                                                                      |
|                                        |                         |                                                                                  |                                                             |                              | ebtor 1 only<br>lebtor 2 only<br>lebtor 1 and Debtor 2 only<br>t least one of the debtors ar                                    | nd another                  |                     |                                                                               |                                                                                                                                       |
|                                        |                         |                                                                                  |                                                             |                              | r information you wish to                                                                                                       |                             | his iten            | n, such as local                                                              |                                                                                                                                       |
| If you                                 | own o                   | or have more than one, lis                                                       | st here:                                                    | prop                         | erty identification number                                                                                                      | l <u>i</u>                  |                     |                                                                               |                                                                                                                                       |
| 1.2                                    | Stree                   | t address, if available, or o                                                    | other description                                           |                              | is the property? Check all ingle-family home uplex or multi-unit building condominium or cooperative lanufactured or mobile hom | е                           |                     | the amount of any secu                                                        | claims or exemptions. Put<br>red claims on <i>Schedule D:</i><br>ims Secured by Property.<br>Current value of the<br>portion you own? |
|                                        | Num                     | ber Street                                                                       |                                                             | H                            | and                                                                                                                             |                             | •                   |                                                                               |                                                                                                                                       |
|                                        | City                    |                                                                                  | Zin Codo                                                    | Ħ                            | nvestment property<br>imeshare<br>other                                                                                         |                             |                     | Describe the nature o<br>interest (such as fee s<br>the entireties, or a life | imple, tenancy by                                                                                                                     |
|                                        | Oily                    | State                                                                            | Zip Code                                                    | Who one.                     | has an interest in the pro<br>lebtor 1 only<br>lebtor 2 only<br>lebtor 1 and Debtor 2 only<br>t least one of the debtors ar     | nd another                  |                     | (see instructions)                                                            | mmunity property                                                                                                                      |
|                                        |                         |                                                                                  |                                                             |                              | erty identification number                                                                                                      |                             |                     | , suon as local                                                               |                                                                                                                                       |

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| Debtor 1  | Rosie<br>First Name                                                                | Middle Name              | Portis<br>Last Name                                                                                                                          | Case number  | r (if known)                                                             |                                                                                                                           |
|-----------|------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 1.3       | et address, if available, or oth                                                   | Г                        | What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | apply.       | the amount of any secu                                                   | claims or exemptions. Put red claims on <i>Schedule D: ims Secured by Property.</i> Current value of the portion you own? |
| Nun       | nber Street State                                                                  | Zip Code                 | Land Investment property Timeshare Other                                                                                                     | _            | Describe the nature of interest (such as fee s the entireties, or a life | imple, tenancy by                                                                                                         |
|           |                                                                                    | ]<br>]<br>]<br>]         | Who has an interest in the property  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and and           | other        | Check if this is co<br>(see instructions)                                | mmunity property                                                                                                          |
|           | -                                                                                  | r<br>tion you own for a  | Other information you wish to add a property identification number:all of your entries from Part 1, inclu                                    |              |                                                                          |                                                                                                                           |
| you ha    | ve attached for Part 1. Wri                                                        |                          | <b>.</b>                                                                                                                                     |              |                                                                          |                                                                                                                           |
| Part 2:   | Describe Your Vehicles                                                             | <b>S</b>                 |                                                                                                                                              |              |                                                                          |                                                                                                                           |
| you own t | hat someone else drives. If your someone else drives, trucks, tractors, sport util | ou lease a vehicle,      | t in any vehicles, whether they are<br>also report it on Schedule G: Executor<br>cycles                                                      | -            | -                                                                        |                                                                                                                           |
| 3.1       | Make<br>Model:<br>Year:                                                            | Dodge<br>Charger<br>2014 | Who has an interest in the propone.  Debtor 1 only                                                                                           | perty? Check | the amount of any secu                                                   | claims or exemptions. Put tred claims on Schedule D: hims Secured by Property.                                            |
|           | Approximate mileage: Other information:                                            | 70000                    | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an                                                                      |              | Current value of the entire property?<br>\$11350.00                      | Current value of the portion you own? \$11350.00                                                                          |
| 3.2       | Make<br>Model:                                                                     |                          | Check if this is community instructions)  Who has an interest in the propone.                                                                |              | the amount of any secu                                                   | claims or exemptions. Put tred claims on <i>Schedule D:</i>                                                               |
|           | Year: Approximate mileage: Other information:                                      |                          | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                                       |              | Current value of the entire property?                                    | Current value of the portion you own?                                                                                     |
|           |                                                                                    |                          | At least one of the debtors an  Check if this is community instructions)                                                                     |              |                                                                          |                                                                                                                           |

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| ו וטו | Rosie<br>First Name                                                                                                                               | Middle Name | Portis Last Name                                                                                                                                                                                                                                         | Case number                                                    | ei (ii kilowi)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.3   | Make<br>Model:<br>Year:<br>Approximate mileage:                                                                                                   |             | Who has an interest in the pone.  Debtor 1 only                                                                                                                                                                                                          | roperty? Check                                                 | Do not deduct secured the amount of any secu-<br>Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|       | Other information:                                                                                                                                |             | Debtor 2 only  Debtor 1 and Debtor 2 only                                                                                                                                                                                                                | v                                                              | Current value of the entire property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Current value of the portion you own?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|       | Other information.                                                                                                                                |             | At least one of the debtors                                                                                                                                                                                                                              | •                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       |                                                                                                                                                   |             | Check if this is communi                                                                                                                                                                                                                                 |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       |                                                                                                                                                   |             | instructions)                                                                                                                                                                                                                                            | ity property (see                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3.4   | Make                                                                                                                                              |             | Who has an interest in the p                                                                                                                                                                                                                             | roperty? Check                                                 | Do not deduct secured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | Model:                                                                                                                                            |             | one.                                                                                                                                                                                                                                                     |                                                                | the amount of any secu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | Year: Approximate mileage:                                                                                                                        |             | Debtor 1 only                                                                                                                                                                                                                                            |                                                                | Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ums secured by Propert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|       | Approximate mileage.                                                                                                                              |             | Debtor 2 only                                                                                                                                                                                                                                            |                                                                | Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|       | Other information:                                                                                                                                |             | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                               | у                                                              | entire property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | portion you own?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|       |                                                                                                                                                   |             | At least one of the debtors                                                                                                                                                                                                                              | and another                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       |                                                                                                                                                   |             | Check if this is communi                                                                                                                                                                                                                                 | ity property (see                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Exar  |                                                                                                                                                   | •           | er recreational vehicles, other v<br>t, fishing vessels, snowmobiles, m                                                                                                                                                                                  | •                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Exar  | nples: Boats, trailers, motors<br>No                                                                                                              | •           |                                                                                                                                                                                                                                                          | notorcycle accessori                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Exar  | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:                                                                            | •           | t, fishing vessels, snowmobiles, m  Who has an interest in the p                                                                                                                                                                                         | notorcycle accessori                                           | Do not deduct secured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | red claims on <i>Schedule</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Exar  | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:                                                                                     | •           | t, fishing vessels, snowmobiles, m  Who has an interest in the p one.                                                                                                                                                                                    | notorcycle accessori                                           | Do not deduct secured the amount of any secu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | red claims on Schedule<br>ims Secured by Propen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Exar  | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:                                                                            | •           | t, fishing vessels, snowmobiles, m  Who has an interest in the p one.  Debtor 1 only                                                                                                                                                                     | notorcycle accessori                                           | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | red claims on <i>Schedule</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Exar  | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:                                                    | •           | who has an interest in the pone.  Debtor 1 only Debtor 2 only                                                                                                                                                                                            | notorcycle accessori                                           | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | red claims on Schedule ims Secured by Propert Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Exar  | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:                                                    | •           | t, fishing vessels, snowmobiles, m  Who has an interest in the p one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                                                                            | roperty? Check  y  and another                                 | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | red claims on Schedule ims Secured by Proper Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4.1   | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:                                            | •           | who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communinstructions) Who has an interest in the p                                                                    | roperty? Check  y and another ity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | red claims on Schedule ims Secured by Proper.  Current value of the portion you own?  claims or exemptions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4.1   | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                              | •           | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi instructions)  Who has an interest in the pone.                                                            | roperty? Check  y and another ity property (see                | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property?  Do not deduct secured the amount of any secu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | red claims on Schedulins Secured by Proper  Current value of the portion you own?  claims or exemptions. I deed claims on Scheduling on Schedu |
| 4.1   | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:                       | •           | who has an interest in the pone.  Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communiinstructions)  Who has an interest in the pone.  Debtor 1 only                                                                         | roperty? Check  y and another ity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | red claims on Schedule ims Secured by Property Current value of the portion you own?  claims or exemptions. I dred claims on Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4.1   | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                              | •           | who has an interest in the pone. Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communinstructions)  Who has an interest in the pone. Debtor 1 only Debtor 2 only                                                              | roperty? Check  y and another ity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | claims on Schedule portion you own?  claims or exemptions. I ured claims on Schedule pims Secured by Propertion you of the portion you own?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4.1   | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:                       | •           | who has an interest in the pone.  Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communiinstructions)  Who has an interest in the pone.  Debtor 1 only                                                                         | roperty? Check  y and another ity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Clate Creditors Who Have Clate Creditors Who Have Clate Control of the Secured Creditors Who Have Clate Creditors | red claims on Schedule ims Secured by Propen  Current value of the portion you own?  claims or exemptions. I used claims on Schedule ims Secured by Propen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4.1   | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:  Approximate mileage: | •           | who has an interest in the pone. Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communinstructions)  Who has an interest in the pone. Debtor 1 only Debtor 2 only                                                              | roperty? Check  y and another ity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | claims on Scheduk vims Secured by Proper  Current value of the portion you own?  claims or exemptions. I red claims on Scheduk vims Secured by Proper  Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4.1   | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:  Approximate mileage: | •           | who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communities instructions)  Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only | roperty? Check  y and another ity property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | red claims on Schedulinims Secured by Proper  Current value of the portion you own?  claims or exemptions.  Ired claims on Schedulinims Secured by Proper  Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| De       | ebtor 1             | Rosie<br>First Name             | Middle Name                                                                                                   | Portis<br>Last Name       | Case number (if known)         |                                                                                   |
|----------|---------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------------------------------------------------|
| Pa       | rt 3:               |                                 | our Personal and Household Items                                                                              | Last Warrie               |                                |                                                                                   |
| D        | o you               | own or hav                      | e any legal or equitable interest in a                                                                        | nny of the following      | items?                         | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|          |                     | _                               | and furnishings<br>liances, furniture, linens, china, kitchenware                                             |                           |                                |                                                                                   |
| <b>✓</b> |                     | Describe                        | Used furniture, household goods, linens                                                                       |                           |                                | \$500.00                                                                          |
|          |                     | tronics<br>les: Television      | s and radios; audio, video, stereo, and digital                                                               | al equipment; computers   | s, printers, scanners; music   |                                                                                   |
| <u></u>  | Yes. [              | Describe                        | Cell phone                                                                                                    |                           |                                | \$100.00                                                                          |
|          | Examp               |                                 | ue<br>ind figurines; paintings, prints, or other artwo<br>in, or baseball card collections; other collections | •                         |                                |                                                                                   |
|          | No<br>Yes. [        | Describe                        |                                                                                                               |                           |                                |                                                                                   |
|          |                     | les: Sports, ph                 | rts and hobbies<br>otographic, exercise, and other hobby equip<br>s; carpentry tools; musical instruments     | oment; bicycles, pool tal | oles, golf clubs, skis; canoes |                                                                                   |
| <b>✓</b> | No<br>Yes. [        | Describe                        |                                                                                                               |                           |                                |                                                                                   |
| ш        |                     |                                 |                                                                                                               |                           |                                |                                                                                   |
|          | -                   |                                 | es, shotguns, ammunition, and related equip                                                                   | pment                     |                                |                                                                                   |
| ✓        | No<br>Voc 1         | Describe                        |                                                                                                               |                           |                                |                                                                                   |
| ш        | 163. L              | Jeschbe                         |                                                                                                               |                           |                                |                                                                                   |
|          | -                   |                                 | clothes, furs, leather coats, designer wear, sh                                                               | noes, accessories         |                                |                                                                                   |
| 片        | No<br>Yes I         | Describe                        | Used clothing, shoes, accessories                                                                             |                           |                                |                                                                                   |
| Y        | 100. 1              | 3000m30                         | osed clothing, sinces, accessories                                                                            |                           |                                | \$100.00                                                                          |
|          |                     | -                               | ewelry, costume jewelry, engagement rings, r<br>r                                                             | wedding rings, heirloon   | n jewelry, watches, gems,      |                                                                                   |
| <u>✓</u> | No<br>Yes. [        | Describe                        | Misc costume jewelry                                                                                          |                           |                                | \$25.00                                                                           |
|          |                     | n-farm animal<br>les: Dogs, cat | s, birds, horses                                                                                              |                           |                                |                                                                                   |
| ✓        | No                  |                                 |                                                                                                               |                           |                                |                                                                                   |
|          | Yes. [              | Describe                        |                                                                                                               |                           |                                |                                                                                   |
|          | <b>4. Any</b><br>No | other persor                    | al and household items you did not alrea                                                                      | ady list, including any   | health aids you did not list   |                                                                                   |
|          |                     | Describe                        |                                                                                                               |                           |                                |                                                                                   |
| Ш        |                     |                                 |                                                                                                               |                           |                                |                                                                                   |
|          |                     |                                 | lue of all of your entries from Part 3, incl number here                                                      | luding any entries for    | pages you have attached        | \$1425.00                                                                         |

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| Debt         | or 1 Rosie First Name                        | Middle Name                                                                  | Portis<br>Last Name    | Case number (if known)                     |                                                                                    |
|--------------|----------------------------------------------|------------------------------------------------------------------------------|------------------------|--------------------------------------------|------------------------------------------------------------------------------------|
| Part 4       |                                              | Financial Assets                                                             | Last Name              |                                            |                                                                                    |
| Doy          |                                              | y legal or equitable interest                                                | in any of the follow   | ing?                                       | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>(</b> | xamples: Money you ha                        | ve in your wallet, in your home, in                                          | •                      | on hand when you file your petition  Cash: |                                                                                    |
| 17.          |                                              | avings, or other financial accounts<br>estitutions. If you have multiple acc |                        | shares in credit unions, brokerage houses, |                                                                                    |
|              | ✓ Yes                                        |                                                                              | Institution name:      |                                            |                                                                                    |
|              |                                              | 17.1. Checking account:                                                      | Chase                  |                                            | \$0.00                                                                             |
|              |                                              | 17.2. Checking account:                                                      |                        |                                            |                                                                                    |
|              |                                              | 17.3. Savings account:                                                       |                        |                                            |                                                                                    |
|              |                                              | 17.4. Savings account:                                                       |                        |                                            |                                                                                    |
|              |                                              | 17.5. Certificates of deposit:                                               |                        |                                            |                                                                                    |
|              |                                              | 17.6. Other financial account:                                               |                        |                                            |                                                                                    |
|              |                                              | 17.7. Other financial account:                                               |                        |                                            |                                                                                    |
|              |                                              | 17.8. Other financial account:                                               |                        |                                            |                                                                                    |
|              |                                              | 17.9. Other financial account:                                               |                        |                                            |                                                                                    |
| 18.          |                                              | or publicly traded stocks<br>, investment accounts with broker               | age firms, money marke | t accounts                                 |                                                                                    |
|              | Yes                                          | Institution or issuer name:                                                  |                        |                                            |                                                                                    |
|              |                                              |                                                                              |                        |                                            |                                                                                    |
|              |                                              |                                                                              |                        |                                            |                                                                                    |
| 19.          | Non-publicly traded s an LLC, partnership, a | -                                                                            | ted and unincorporate  | d businesses, including an interest in     |                                                                                    |
|              | Yes. Give specific information about them    | Name of entity                                                               |                        | % of ownership:                            |                                                                                    |
|              |                                              | -                                                                            |                        | <del></del> -                              |                                                                                    |

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| Debt | tor 1 Rosie                                        |                                                                                                                                                    | Portis                        | Case number (if known)                      |           |
|------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------|-----------|
|      | First Name                                         | Middle Name                                                                                                                                        | Last Name                     |                                             |           |
| 20.  | Negotiable instruments                             | orate bonds and other negotial include personal checks, cashiers ents are those you cannot transfe assuer name:                                    | checks, promissory no         | tes, and money orders.                      |           |
| 21.  | Retirement or pension<br>Examples: Interests in IF |                                                                                                                                                    | ), thrift savings accounts    | s, or other pension or profit-sharing plans |           |
|      | No                                                 |                                                                                                                                                    |                               |                                             |           |
|      | ✓ Yes. List each                                   | Type of account:                                                                                                                                   | Institution name:             |                                             |           |
|      | account                                            | 401(k) or similar plan:                                                                                                                            | 401(k)                        |                                             | \$2000.00 |
|      | separately.                                        | Pension plan:                                                                                                                                      |                               |                                             |           |
|      |                                                    | IRA:                                                                                                                                               |                               |                                             |           |
|      |                                                    | Retirement account:                                                                                                                                |                               |                                             |           |
|      |                                                    | Keogh:                                                                                                                                             |                               |                                             |           |
|      |                                                    | Additional account:                                                                                                                                |                               |                                             |           |
|      |                                                    | Additional account:                                                                                                                                |                               |                                             |           |
| 22.  |                                                    | deposits you have made so that with landlords, prepaid rent, public Electric:  Gas:  Heating oil:  Security deposit on rental unit:  Prepaid rent: |                               |                                             |           |
|      |                                                    | Telephone:                                                                                                                                         |                               |                                             |           |
|      |                                                    | Water:                                                                                                                                             |                               |                                             | . ———     |
|      |                                                    | Rented furniture:                                                                                                                                  |                               |                                             | . ———     |
|      |                                                    | Other:                                                                                                                                             |                               |                                             |           |
| 23.  | Annuities (A contract for No Yes                   | or a periodic payment of money to  Issuer name and description:                                                                                    | o you, either for life or for | r a number of years)                        |           |
|      |                                                    |                                                                                                                                                    |                               |                                             |           |
|      |                                                    |                                                                                                                                                    |                               |                                             |           |

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| Debto | or 1 Rosie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              | Portis                              | Case number (if known)                                                                                                              |                                                                                                                           |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
|       | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                                                                                                  | Last Name                           |                                                                                                                                     |                                                                                                                           |
| 24.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ducation IRA, in an account in a (b)(1), 529A(b), and 529(b)(1).                                                             | qualified ABLE program, or u        | nder a qualified state tuition program.                                                                                             |                                                                                                                           |
|       | No Ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | stitution name and description. Sepa                                                                                         | rately file the records of any inte | rests.11 U.S.C. § 521(c):                                                                                                           |                                                                                                                           |
|       | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                                     |                                                                                                                                     |                                                                                                                           |
| 25.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or future interests in property (o                                                                                           | ther than anything listed in li     | no 1) and rights or newers                                                                                                          |                                                                                                                           |
| 25.   | exercisable for y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              | ther than anything listed in h      | ne 1), and rights of powers                                                                                                         |                                                                                                                           |
|       | Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | h                                                                                                                            |                                     |                                                                                                                                     |                                                                                                                           |
| 26.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hts, trademarks, trade secrets, a t domain names, websites, proceed                                                          |                                     |                                                                                                                                     |                                                                                                                           |
|       | No Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                     |                                                                                                                                     |                                                                                                                           |
|       | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                     |                                                                                                                                     |                                                                                                                           |
| 27.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ises, and other general intangible<br>g permits, exclusive licenses, coope                                                   |                                     | or licenses, professional licenses                                                                                                  |                                                                                                                           |
|       | ✓ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                              |                                     |                                                                                                                                     |                                                                                                                           |
|       | Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              |                                     |                                                                                                                                     |                                                                                                                           |
|       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                                     |                                                                                                                                     |                                                                                                                           |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                     |                                                                                                                                     |                                                                                                                           |
| Mon   | ey or property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | owed to you?                                                                                                                 |                                     |                                                                                                                                     | Current value of the portion you own?  Do not deduct secured claims or exemptions.                                        |
|       | ey or property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                              |                                     |                                                                                                                                     | portion you own?                                                                                                          |
|       | Tax refunds owed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                     |                                                                                                                                     | portion you own? Do not deduct secured                                                                                    |
|       | Tax refunds owed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                     | Federal:                                                                                                                            | portion you own? Do not deduct secured                                                                                    |
|       | Tax refunds owed  ✓ No  Yes. Give spec about the you alrea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | l to you  cific information em, including whether idy filed the returns                                                      |                                     | Federal:<br>State:                                                                                                                  | portion you own? Do not deduct secured claims or exemptions.                                                              |
| 28.   | Tax refunds owed  No Yes. Give specabout the speca and the form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to you  cific information em, including whether                                                                              |                                     |                                                                                                                                     | portion you own? Do not deduct secured claims or exemptions.                                                              |
| 28.   | Tax refunds owed  No Yes. Give spectors about the second the secon | cific information em, including whether ady filed the returns tax years                                                      | oport, child support, maintenan     | State:                                                                                                                              | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds owed  No Yes. Give spec about the you alreated and the family support  Examples: Past du  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | cific information em, including whether ady filed the returns tax years                                                      | oport, child support, maintenan     | State:<br>Local:                                                                                                                    | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds owed  No Yes. Give spec about the you alreated and the family support  Examples: Past du  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | cific information em, including whether idy filed the returns tax years                                                      | oport, child support, maintenan     | State:  Local:  ce, divorce settlement, property settlemen                                                                          | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds owed  No Yes. Give spec about the you alreated and the family support  Examples: Past du  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | cific information em, including whether idy filed the returns tax years                                                      | oport, child support, maintenan     | State:  Local:  ce, divorce settlement, property settlement  Alimony:                                                               | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                                   |
| 28.   | Tax refunds owed  No Yes. Give spec about the you alreated and the family support  Examples: Past du  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | cific information em, including whether idy filed the returns tax years                                                      | oport, child support, maintenan     | State:  Local:  ce, divorce settlement, property settlement  Alimony:  Maintenance:                                                 | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00                               |
| 28.   | Tax refunds owed  ✓ No  Yes. Give special about the you alread and the stand the stan  | cific information em, including whether idy filed the returns lax years                                                      | oport, child support, maintenan     | State:  Local:  ce, divorce settlement, property settlement  Alimony:  Maintenance:  Support:                                       | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00                |
| 29.   | Tax refunds owed  ✓ No  Yes. Give speciabout the you alreated and the factor of the family support Examples: Past du  ✓ No  ✓ Yes. Give special of the family support fami  | bific information em, including whether idy filed the returns iax years e or lump sum alimony, spousal sup cific information | s, disability benefits, sick pay, v | State: Local:  ce, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement:                       | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owed  ✓ No  Yes. Give speciabout the you alreated and the factor of the family support Examples: Past du  ✓ No  ✓ Yes. Give special of the family support fami  | cific information em, including whether ady filed the returns tax years e or lump sum alimony, spousal sup cific information | s, disability benefits, sick pay, v | State: Local:  De, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owed  ✓ No  Yes. Give specabout the your alreat and the first support Examples: Past due  ✓ No  Yes. Give specace of the first support first su  | bific information em, including whether ady filed the returns tax years e or lump sum alimony, spousal sup bific information | s, disability benefits, sick pay, v | State: Local:  De, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | tor 1 Rosie                                                                    |                             | Portis                                                           | Case number (if known)                        |                                                                                  |
|------|--------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|
|      | First Name                                                                     | Middle Name                 | Last Name                                                        | · · · · <del></del>                           |                                                                                  |
| 31.  | Interests in insurance p<br>Examples: Health, disabili                         |                             | th savings account (HSA); credit,                                | nomeowner's, or renter's insurance            |                                                                                  |
|      | No Yes. Name the insura of each policy and lis                                 |                             | Company name:                                                    | Beneficiary:                                  | Surrender or refund value:                                                       |
| 32.  | Any interest in property If you are the beneficiary property because someon No | of a living trust, expect p |                                                                  | cy, or are currently entitled to receive      |                                                                                  |
|      | Yes. Describe                                                                  |                             |                                                                  |                                               |                                                                                  |
| 33.  | Examples: Accidents, em                                                        |                             | ou have filed a lawsuit or made<br>ance claims, or rights to sue | a demand for payment                          |                                                                                  |
|      | Yes. Describe                                                                  |                             |                                                                  |                                               |                                                                                  |
| 34.  | to set off claims                                                              | nliquidated claims of o     | every nature, including counter                                  | claims of the debtor and rights               |                                                                                  |
|      | Yes. Describe                                                                  |                             |                                                                  |                                               |                                                                                  |
| 35.  | Any financial assets you                                                       | u did not already list      |                                                                  |                                               |                                                                                  |
|      | Ves. Describe                                                                  |                             |                                                                  |                                               |                                                                                  |
| 36.  |                                                                                | -                           | Part 4, including any entries f                                  |                                               | \$2000.00                                                                        |
| Part | 5: Describe Any Bus                                                            | siness-Related Pro          | perty You Own or Have an I                                       | nterest In. List any real estate in Pa        | rt 1.                                                                            |
| 37.  |                                                                                |                             | erest in any business-related p                                  |                                               |                                                                                  |
| 37.  | No. Go to Part 6. Yes. Go to line 38.                                          | riegal of equitable inc     | erest iii any business-relateu p                                 | operty:                                       | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | Accounts receivable or                                                         | commissions you alre        | ady earned                                                       |                                               |                                                                                  |
|      | Yes. Describe                                                                  |                             |                                                                  |                                               |                                                                                  |
| 39.  | Office equipment, furnis<br>Examples: Business-relate                          |                             | modems, printers, copiers, fax m                                 | achines, rugs, telephones, desks, chairs, ele | ctronic devices                                                                  |
|      | No Yes. Describe                                                               |                             |                                                                  |                                               |                                                                                  |
|      |                                                                                |                             |                                                                  |                                               |                                                                                  |

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| Deb    | tor 1 Rosie                          |                                         |                                   | Case number (if known)     |                                     |          |
|--------|--------------------------------------|-----------------------------------------|-----------------------------------|----------------------------|-------------------------------------|----------|
| 1      | First Name                           | Middle Name                             | Last Name                         |                            |                                     |          |
| 40.    | Machinery, fixtures, equip           | oment, supplies you use in busi         | ness, and tools of your trade     |                            |                                     |          |
|        | <b>✓</b> No                          |                                         |                                   |                            |                                     |          |
|        | Yes. Describe                        |                                         |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |
| 11     | Inventory                            |                                         |                                   |                            |                                     |          |
| 41.    |                                      |                                         |                                   |                            |                                     |          |
|        | ✓ No                                 |                                         |                                   |                            | 9                                   |          |
|        | Yes. Describe                        |                                         |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |
| 42.    | Interests in partnerships            | or ioint ventures                       |                                   |                            |                                     |          |
|        | ✓ No                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                   |                            |                                     |          |
|        |                                      | Name of er                              | ntity:                            | % of ownership:            |                                     |          |
|        | Yes. Give specific information about |                                         |                                   |                            |                                     |          |
|        | them                                 | <del></del>                             |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |
| 43.    | Customer lists, mailing list         | s, or other compilations                |                                   |                            |                                     |          |
|        | <b>✓</b> No                          |                                         |                                   |                            |                                     |          |
|        |                                      | de personally identifiable informat     | ion (as defined in 11 H.S.C. & 1) | 01(41Δ))2                  |                                     |          |
|        | Tos. Do your lists lifeld            | de personally identifiable informat     | on (as defined in 11 6.6.6. § 10  | 5 T(4 17 y):               |                                     |          |
|        | No                                   |                                         |                                   |                            |                                     |          |
|        | Yes. Describe.                       |                                         |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |
| 44.    | Any business-related pro             | perty you did not already list          |                                   |                            |                                     |          |
|        | <b>✓</b> No                          |                                         |                                   |                            |                                     |          |
|        | Yes. Give specific                   |                                         |                                   |                            |                                     |          |
|        | information                          |                                         |                                   |                            | <del></del>                         |          |
|        |                                      |                                         |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |
|        |                                      | f your entries from Part 5, inclu       |                                   | u have attached            |                                     |          |
| for Pa | art 5. Write that number he          | ere                                     |                                   |                            |                                     |          |
| Part   | B. Describe Any Farm                 | n- and Commercial Fishing               | -Related Property You Ow          | vn or Have an Interest In. |                                     |          |
| ı aı   |                                      | rest in farmland, list it in Part 1.    | , ,                               |                            |                                     |          |
| 46.    | Do you own or have any I             | egal or equitable interest in an        | y farm- or commercial fishing     | -related property?         |                                     |          |
|        | No. Co to Dort 7                     | -                                       | ·                                 | · · ·                      | Current value of the                |          |
|        | Yes. Go to line 47.                  |                                         |                                   |                            | portion you own?                    |          |
|        | Tes. Go to line 47.                  |                                         |                                   |                            | Do not deduct secured or exemptions | d claims |
| 47.    | Farm animals                         |                                         |                                   |                            |                                     |          |
|        | Examples: Livestock, poult           | ry, farm-raised fish                    |                                   |                            |                                     |          |
|        | <b>√</b> No                          |                                         |                                   |                            |                                     |          |
|        | Yes. Describe                        |                                         |                                   |                            |                                     |          |
|        | <b>—</b> 2000                        |                                         |                                   |                            |                                     |          |
|        |                                      |                                         |                                   |                            |                                     |          |

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| Debt         | tor 1 Rosie<br>First Name      |                                           | ortis<br>ast Name      | Case number (if known)         |              |
|--------------|--------------------------------|-------------------------------------------|------------------------|--------------------------------|--------------|
| 48.          | Crops-either growing           |                                           |                        |                                |              |
|              | ✓ No Yes. Describe             |                                           |                        |                                |              |
| 49.          | Farm and fishing equip         | oment, implements, machinery, fixture     | es, and tools of trade |                                |              |
|              | <b>✓</b> No                    |                                           |                        |                                |              |
|              | Yes. Describe                  |                                           |                        |                                |              |
| 50.          | Farm and fishing suppl         | lies, chemicals, and feed                 |                        |                                |              |
|              | <b>✓</b> No                    |                                           |                        |                                |              |
|              | Yes. Describe                  |                                           |                        |                                |              |
| E 1          | Any form, and common           | rcial fishing-related property you did r  | ant already list       |                                |              |
| 51.          |                                | iciai iisiiiig-reiated property you did i | iot aiready list       |                                |              |
|              | ✓ No Yes. Describe             |                                           |                        |                                |              |
|              |                                |                                           |                        |                                |              |
|              |                                | l of your entries from Part 6, including  |                        | u have attached                |              |
| •            |                                |                                           |                        | L                              |              |
|              |                                |                                           |                        |                                |              |
| Part 1       | 7 Describe All Pro             | perty You Own or Have an Intere           | st in That You Did Not | List Above                     |              |
|              |                                | perty of any kind you did not already li  |                        |                                |              |
|              |                                | s, country club membership                |                        |                                |              |
|              | ✓ No                           |                                           |                        |                                |              |
|              | Yes. Give specific information |                                           |                        |                                | <u> </u>     |
|              |                                |                                           |                        |                                |              |
|              |                                |                                           |                        |                                |              |
| 54. A        | dd the dollar value of al      | I of your entries from Part 7. Write tha  | at number here         |                                | <b>&gt;</b>  |
|              |                                |                                           |                        |                                |              |
|              |                                |                                           |                        |                                |              |
|              |                                |                                           |                        |                                |              |
| Part 8       | 8: List the Totals of          | Each Part of this Form                    |                        |                                |              |
| 55. <b>F</b> | Part 1: Total real estate      | , line 2                                  |                        |                                |              |
| 56. <b>r</b> | part 2 total vehicles, lin     | e 5                                       | \$11350.00             |                                |              |
| 57. <b>P</b> | art 3: Total personal an       | d household items, line 15                | \$1425.00              |                                |              |
| 58. <b>P</b> | art 4: Total financial as      | sets, line 36                             | \$2000.00              |                                |              |
| 59. <b>F</b> | Part 5: Total business-re      | elated property, line 45                  | · <u>·</u>             |                                |              |
| 60. <b>F</b> | Part 6: Total farm- and f      | ishing-related property, line 52          |                        |                                |              |
| 61. <b>F</b> | Part 7: Total other prop       | erty not listed, line 54                  |                        |                                |              |
| 62.1         | Fotal personal property.       | Add lines 56 through 61                   | \$14775.00             | Copy personal property total ▶ | + \$14775.00 |
|              |                                |                                           |                        |                                | \$14775.00   |
| 63. <b>T</b> | otal of all property on S      | chedule A/B. Add line 55 + line 62        |                        |                                |              |

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| Debtor 1 | Rosie      |             | Portis    | Case number (if known) |
|----------|------------|-------------|-----------|------------------------|
| Ī        | First Name | Middle Name | Last Name | <u>-</u>               |

### Schedule A/B: Property. Additional page

| Part 3: Describe   | Part 3: Describe Your Personal and Household Items                                 |          |  |  |  |  |  |
|--------------------|------------------------------------------------------------------------------------|----------|--|--|--|--|--|
| Do you own or ha   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |          |  |  |  |  |  |
| 6.2. Household goo | ds and furnishings                                                                 |          |  |  |  |  |  |
| No                 |                                                                                    |          |  |  |  |  |  |
| Yes. Describe      | Livingroom set                                                                     | \$400.00 |  |  |  |  |  |
| 7.2. Electronics   |                                                                                    |          |  |  |  |  |  |
| No                 |                                                                                    |          |  |  |  |  |  |
| Yes. Describe      | Television                                                                         | \$300.00 |  |  |  |  |  |

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| Fill in this infor        | mation to identify your c | ase:        |                              |  |
|---------------------------|---------------------------|-------------|------------------------------|--|
| Debtor 1                  | Rosie                     |             | Portis                       |  |
|                           | First Name                | Middle Name | Last Name                    |  |
| Debtor 2                  |                           |             |                              |  |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name                    |  |
| United States E           | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |
| Case number<br>(If known) |                           |             | (State)                      |  |

#### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Identify the Property You Clair                                                     | m as Exempt                                                                       |                                                                                                     |                                                 |
|----|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1. | Which set of exemptions are you claim                                               | ing? Check one only, ev                                                           | ven if your spouse is filing with you.                                                              |                                                 |
|    | You are claiming state and federal                                                  | nonbankruptcy exemp                                                               | otions. 11 U.S.C. § 522(b)(3)                                                                       |                                                 |
|    | You are claiming federal exemption                                                  | ns. 11 U.S.C. § 522(b)(                                                           | 2)                                                                                                  |                                                 |
| 2. | For any property you list on Schedule A                                             | N/B that you claim as e                                                           | exempt, fill in the information below.                                                              |                                                 |
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |
|    | Brief description:  Dodge Charger, 2014  Line from Schedule A/B: 03                 | \$11,350.00                                                                       | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |
|    | Brief description: Checking account, Chase Line from Schedule A/B: 17               | \$0.00                                                                            | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-1001(b)                           |
| 3. | ✓ No                                                                                | ery 3 years after that for                                                        | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |                                                 |

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Debtor 1 Rosie Portis Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property Check only one box for each exemption. own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$500.00 description: **✓** \$500.00 Used furniture, 100% of fair market value, up to any household goods, linens applicable statutory limit Line from Schedule A/B: 06 735 ILCS 5/12-1001(a) Brief \$100.00 description: **✓** \$100.00 Used clothing, shoes, 100% of fair market value, up to any accessories applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief description: \$100.00 **✓** \$100.00 Cell phone 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 07 735 ILCS 5/12-1001(b) Brief \$25.00 description: \$25.00 Misc costume jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$400.00 description: **✓** \$0 Livingroom set 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 06 Brief 735 ILCS 5/12-1001(b) \$300.00 description: Television 100% of fair market value, up to any Line from applicable statutory limit 07 Schedule A/B: Brief 735 ILCS 5/12-1006 \$2,000.00 description: \$2,000.00 401(k) or similar plan,

401(k)

21

Line from Schedule A/B:

100% of fair market value, up to any

applicable statutory limit

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| Fill in          | this informa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ation to identify your cas            | se.                        | -                                                                                                              | 1                                                                 |                                                       |                                   |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                            |                                                                                                                |                                                                   |                                                       |                                   |
| Debto            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Rosie<br>First Name                   | Middle Name                | Portis Last Name                                                                                               |                                                                   |                                                       |                                   |
| Debto            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -IISt Ivallie                         | Middle Name                | Last Name                                                                                                      |                                                                   |                                                       |                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First Name                            | Middle Name                | Last Name                                                                                                      |                                                                   |                                                       |                                   |
| United           | d States Ban                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | kruptcy Court for the:                | Northern                   | District of Illinois (State)                                                                                   |                                                                   |                                                       |                                   |
| Case<br>(If know | number<br>/n)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                            | (Giato)                                                                                                        |                                                                   |                                                       |                                   |
| Offi             | icial F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | orm 106D                              |                            |                                                                                                                | 1                                                                 |                                                       | Check if this is a amended filing |
| Scl              | nedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e D: Credito                          | ors Who Ha                 | ve Claims Secure                                                                                               | ed by Prop                                                        | erty                                                  | 12/1                              |
| Be as            | complete a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and accurate as possib                | le. If two married peopl   | e are filing together, both are equ                                                                            | ally responsible for s                                            | upplying correct in                                   | formation. If                     |
|                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | nal Page, fill it out, nur | nber the entries, and attach it to t                                                                           | his form. On the top                                              | of any additional pa                                  | iges, write your                  |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | umber (if known).                     |                            | +.0                                                                                                            |                                                                   |                                                       |                                   |
| 1. [             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | ecured by your proper      |                                                                                                                |                                                                   |                                                       |                                   |
| L                | <b>=</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                            | with your other schedules. You hav                                                                             | e nothing else to rep                                             | ort on this form.                                     |                                   |
|                  | Yes. Fill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I in all of the information           | n below.                   |                                                                                                                |                                                                   |                                                       |                                   |
| Part '           | 1: List All                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | l Secured Claims                      |                            |                                                                                                                |                                                                   |                                                       |                                   |
| 2.               | separately f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | for each claim. If more th            | nan one creditor has a par | cured claim, list the creditor<br>ticular claim, list the other creditors<br>order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R MOTOR CREDIT                        | Describe the property      | that secures the claim:                                                                                        | \$18,251.00                                                       | \$11,350.00                                           | \$6,901.00                        |
|                  | Creditor's Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ame<br>IAN RIVER RD                   | Dodge Charger   Value:     |                                                                                                                |                                                                   |                                                       |                                   |
|                  | Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Street                                |                            | e, the claim is: Check all that apply.                                                                         |                                                                   |                                                       |                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | Contingent                 |                                                                                                                |                                                                   |                                                       |                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BEACH VA 23464                        | Unliquidated               |                                                                                                                |                                                                   |                                                       |                                   |
|                  | City Who owes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State ZIP Code the debt? Check one.   | Disputed                   |                                                                                                                |                                                                   |                                                       |                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r 1 only                              | Nature of lien. Check a    | all that apply.                                                                                                |                                                                   |                                                       |                                   |
|                  | Debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r 2 only                              |                            | made (such as mortgage or secured                                                                              |                                                                   |                                                       |                                   |
|                  | Debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r 1 and Debtor 2 only                 | car loan)                  |                                                                                                                |                                                                   |                                                       |                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t one of the debtors                  |                            | as tax lien, mechanic's lien)                                                                                  |                                                                   |                                                       |                                   |
|                  | and an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | Judgment lien from         |                                                                                                                |                                                                   |                                                       |                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | c if this claim relates ommunity debt | Other (including a r       | ight to offset)                                                                                                |                                                                   |                                                       |                                   |
|                  | Date debt incurred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | was <u>12/2015</u>                    | Last 4 digits of accou     | nt number 7327                                                                                                 |                                                                   |                                                       |                                   |
| 2.2              | AMER FST<br>Creditor's Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | Describe the property      | that secures the claim:                                                                                        | \$816.00                                                          | \$400.00                                              | \$416.00                          |
|                  | 3515 N. R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lidge Rd, Suite 200                   | Livingroom Set             |                                                                                                                |                                                                   |                                                       |                                   |
|                  | Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Street                                |                            | e, the claim is: Check all that apply.                                                                         |                                                                   |                                                       |                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | Contingent                 |                                                                                                                |                                                                   |                                                       |                                   |
|                  | Wichita<br>City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | KS 67205<br>State ZIP Code            | Unliquidated               |                                                                                                                |                                                                   |                                                       |                                   |
|                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the debt? Check one.                  | Disputed                   |                                                                                                                |                                                                   |                                                       |                                   |
|                  | <b>✓</b> Debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r 1 only                              | Nature of lien. Check a    | all that apply.                                                                                                |                                                                   |                                                       |                                   |
|                  | Debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r 2 only                              | An agreement you car loan) | made (such as mortgage or secured                                                                              |                                                                   |                                                       |                                   |
|                  | Debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r 1 and Debtor 2 only                 |                            | as tax lien, mechanic's lien)                                                                                  |                                                                   |                                                       |                                   |
|                  | At leas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t one of the debtors                  | Judgment lien from         | ,                                                                                                              |                                                                   |                                                       |                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | c if this claim relates               | Other (including a ri      |                                                                                                                |                                                                   |                                                       |                                   |
|                  | to a condition to a c | ommunity debt<br>was <u>10/2016</u>   | Last 4 digits of accou     |                                                                                                                |                                                                   |                                                       |                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dd the dollar value of v              | our entries in Column A    | A on this page. Write that number                                                                              | \$19,067.00                                                       |                                                       |                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                            | pagga and manibol                                                                                              |                                                                   | 1                                                     |                                   |

# Case 17-29322 Doc 1 Filed 09/29/17 Entered 09/29/17 16:10:02 Desc Main Document Page 24 of 67

| Debtor 1 R                    |                                                                                                                                         |                                                                                                                      | Portis                                                                                             | Case n              | umber (if known)                                                 |                                                        |                                   |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------|
| Fi                            |                                                                                                                                         | Middle Name                                                                                                          | Last Name                                                                                          |                     |                                                                  |                                                        |                                   |
| Part:1                        | Additional Page After listing any entries on 2.4, and so forth.                                                                         | this page, numb                                                                                                      | er them beginning with 2.                                                                          | 3, followed by      | Column A  Amount of claim Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| Credit  351! N  Wich City Who | State ZIP Code owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Television  As of the date Contingen Unliquidate Disputed  Nature of lien. An agreem car loan) Statutory li Judgment | ed  Check all that apply. ent you made (such as mo en (such as tax lien, mecha lien from a lawsuit | eck all that apply. |                                                                  | \$300.00                                               | <u>\$159.00</u>                   |
| │ □,                          | Check if this claim relates to a community debt debt was 2/2017 rred                                                                    | _                                                                                                                    | uding a right to offset)                                                                           | 0003                |                                                                  |                                                        |                                   |
|                               | Add the dollar value of yo<br>here:                                                                                                     | ur entries in Col                                                                                                    | umn A on this page. Write                                                                          | that number         | \$459.00                                                         |                                                        |                                   |
|                               | If this is the last page of y<br>Write that number here:                                                                                | our form, add th                                                                                                     | e dollar value totals from                                                                         | all pages.          | \$19,526.00                                                      |                                                        |                                   |

# Case 17-29322 Doc 1 Filed 09/29/17 Entered 09/29/17 16:10:02 Desc Main Document Page 25 of 67

| Fill in t                                                  | his inforn                              | nation to identify your ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ase:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             | Ī                                                                 |                                                         |                                                         |                                              |
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| Debtor                                                     |                                         | Rosie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Portis                                                                                                                                                                                                                                                      |                                                                   |                                                         |                                                         |                                              |
| Debtor                                                     | . 0                                     | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                                                                                                                                                                                                   |                                                                   |                                                         |                                                         |                                              |
| (Spouse                                                    |                                         | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                                                                                                                                                                                                   |                                                                   |                                                         |                                                         |                                              |
| United                                                     | States Ba                               | ankruptcy Court for the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Northern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | District of Illinois                                                                                                                                                                                                                                        |                                                                   |                                                         |                                                         |                                              |
| Case n                                                     | iumber                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (State)                                                                                                                                                                                                                                                     |                                                                   |                                                         |                                                         |                                              |
| Offic                                                      | ial Fo                                  | orm 106E/F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                             | _                                                                 | Chec                                                    | k if this is an                                         | amended filing                               |
| Sch                                                        | nedu                                    | le E/F: Cre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ditors Who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Have Unsecure                                                                                                                                                                                                                                               | d Claims                                                          | <b>;</b>                                                |                                                         | 12/15                                        |
| other p<br>Form 1<br>claims<br>the ent<br>known)<br>Part 1 | arty to a 06A/B) a that are ries in th. | ny executory contracts<br>nd on Schedule G: Exec<br>listed in Schedule D: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s or unexpired leases the cutory Contracts and Use the Contracts and Use the Continuation of Contracts and Continuation of Contracts and Contracts are continuation of Contracts and Contracts and Contracts are contracts and Contracts and Contracts are contracts are contracted as a contract and Contract and Contract are contracted as a contract and Contract are contracted as a contr |                                                                                                                                                                                                                                                             | executory contract<br>G). Do not include a<br>ace is needed, copy | ts on <i>Schedul</i><br>any creditors<br>y the Part you | <i>le A/B: Prop</i><br>s with partia<br>u need, fill it | erty (Official<br>lly secured<br>out, number |
| lis<br>A<br>C                                              | sted, iden<br>s much a<br>continuation  | tify what type of claim it i<br>s possible, list the claims<br>on Page of Part 1. If more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | is. If a claim has both price in alphabetical order accet than one creditor holds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s more than one priority unsecured clai<br>ority and nonpriority amounts, list that<br>ording to the creditor's name. If you h<br>a particular claim, list the other credito<br>s for this form in the instruction bookl                                    | claim here and show<br>ave more than two p<br>rs in Part 3.       | both priority                                           | and nonprior                                            | ity amounts.                                 |
| (.                                                         | 0. 4 6/4                                | manual or oder type or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | oranii, coo are mendeneri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                             | J.,                                                               | Total                                                   | Priority                                                | Nonpriority                                  |
| 0.1                                                        | IDOD Do                                 | nkruptov Soction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                             |                                                                   | <b>claim</b><br>\$0.00                                  | \$0.00                                                  | amount                                       |
| _                                                          |                                         | nkruptcy Section<br>reditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Last 4 digits of account number _ When was the debt incurred?                                                                                                                                                                                               | <br>n/a                                                           | φυ.υυ                                                   | <u> </u>                                                | \$0.00                                       |
|                                                            | Chicago City Who incu Debt Debt At lea  | Illinois State  urred the debt? Check of or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and the companion of the debtors and the companion of the companion o | d another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | As of the date you file, the claim apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts you government Claims for death or personal injuintoxicated  Other. Specify Notice | m: Du owe the Ury while you were                                  | \$2,000.00                                              | \$2,000.00                                              | \$0.00                                       |
|                                                            | Priority C                              | reditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Last 4 digits of account number _ When was the debt incurred?                                                                                                                                                                                               |                                                                   | φ2,000.00                                               | Ψ2,000.00                                               | \$0.00                                       |
|                                                            | Debt Debt Debt At lea                   | Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Zip Code<br>one.<br>d another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | As of the date you file, the claim apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim Domestic support obligations  Taxes and certain other debts you government Claims for death or personal injuintoxicated Other. Specify        | <b>m:</b><br>ou owe the                                           |                                                         |                                                         |                                              |
|                                                            | ✓ No<br>Yes                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                                                                                                                                           |                                                                   |                                                         |                                                         |                                              |

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| Debte  | or 1                 | Rosie                                                                                                                                                                             |                              | Portis           | Case number (if known)                                                                                                                                                                                                                                                                                                                                       |                   |
|--------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 2021   |                      | First Name                                                                                                                                                                        | Middle Name                  | Last Name        |                                                                                                                                                                                                                                                                                                                                                              |                   |
| Part   | 2:                   | List All of Your NONPRIC                                                                                                                                                          | RITY Unsecured               | Claims           |                                                                                                                                                                                                                                                                                                                                                              |                   |
| Į      | 00 a                 | nny creditors have nonpriority<br>No. You have nothing to repo<br>Yes.                                                                                                            |                              | -                | e court with your other schedules.                                                                                                                                                                                                                                                                                                                           |                   |
| t<br>I | inse<br>f mo         | ecured claim, list the creditor sep                                                                                                                                               | parately for each claim.     | For each claim I | er of the creditor who holds each claim. If a creditor has more isted, identify what type of claim it is. Do not list claims already inc Part 3.If you have more than four priority unsecured claims fill out                                                                                                                                                | cluded in Part 1. |
|        |                      |                                                                                                                                                                                   |                              |                  |                                                                                                                                                                                                                                                                                                                                                              | Total claim       |
| 4.1    | No<br>c/o            | APITALONE Onpriority Creditor's Name O Pollack & Rosen, P.C umber Street                                                                                                          |                              |                  | Last 4 digits of account number 4443 When was the debt incurred? 6/2016                                                                                                                                                                                                                                                                                      | \$762.00          |
|        | 188<br>K€<br>Ciri    | 325 Barrett Lakes Blvd Suite 510<br>ennesaw Georg<br>ty State<br>ho incurred the debt? Check                                                                                      | gia 30144<br>Zip Co<br>one.  | ode              | As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard |                   |
| 4.0    |                      | -                                                                                                                                                                                 |                              |                  |                                                                                                                                                                                                                                                                                                                                                              | #400 00           |
| 4.2    | Cr Cif               | ho incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this claim relates the claim subject to offset? No Yes | Zip Co<br>one.<br>nd another | 4<br>ode         | When was the debt incurred?                                                                                                                                                                                                                                                                                                                                  | \$400.00          |
| 4.3    | No<br>68<br>No<br>Ch | ho incurred the debt? Check                                                                                                                                                       | Zip Co                       |                  | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                              | \$400.00          |
|        |                      | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this claim relates the claim subject to offset? No                                               |                              | t                | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>✓ Other. Specify Payday Loans</li> </ul>                                                                                         |                   |

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Portis Debtor 1 Rosie Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 FIRST PREMIER BANK \$440.00 Last 4 digits of account number Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? 6/2016 Street As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent 56302 Saint Cloud Minnesota Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No Yes HEIGHTS FIN \$2,588.00 Last 4 digits of account number 9306 Nonpriority Creditor's Name 7707 KNÓXVILLE AVE SUITE 201 When was the debt incurred? 8/2017 Number Street As of the date you file, the claim is: Check all that apply. Contingent **PEORIA** Illinois 61615 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ 25 InstallmentLoan Is the claim subject to offset? **✓** No 4.6 Payday Loan Store of Illinois \$800.00 Last 4 digits of account number Nonpriority Creditor's Name 1527 W. North Avenue When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Melrose Park Illinois 60160 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Payday Loan

✓ No ☐ Yes

Is the claim subject to offset?

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Portis Debtor 1 Rosie Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 **Quest Diagnostics** \$308.26 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2441 Reynolds Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 49444 Muskegon Michigan City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Medical Is the claim subject to offset? **✓** No Yes ZocaLoans \$600.00 4.8 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? c/o: Rosebud Lending LZO n/a Number As of the date you file, the claim is: Check all that apply. PO Box 1147 27565 Research Park Dr Contingent Unliquidated Mission South Dakota 57555 Disputed City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Payday Loan Is the claim subject to offset?

✓ No Yes

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Debtor 1 Rosie Portis Case number (if known)

| First Nan                | ne Middle Name Last Name                                                                                     |     |                                                    |                    |  |
|--------------------------|--------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------|--------------------|--|
| Part 4: Add th           | e Amounts for Each Type of Unsecured Claim                                                                   |     |                                                    |                    |  |
|                          | mounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. |     | tatistical reporting purposes only<br>Total claims | y. 28 U.S.C. §159. |  |
| Total claims             | 6a. Domestic support obligations.                                                                            | 6a. | \$0.00                                             |                    |  |
| nom r urt r              | 6b. Taxes and certain other debts you owe the government                                                     | 6b. | \$2,000.00                                         |                    |  |
|                          | 6c. Claims for death or personal injury while you were intoxicated                                           | 6c. | \$0.00                                             |                    |  |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d. | \$0.00                                             |                    |  |
|                          | 6e. Total. Add lines 6a through 6d.                                                                          | 6e. | \$2,000.00                                         |                    |  |
|                          |                                                                                                              |     | Total claims                                       |                    |  |
| Total claims from Part 2 | 6f. Student loans                                                                                            | 6f. | \$0.00                                             |                    |  |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6g. | \$0.00                                             |                    |  |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                        | 6h. | \$0.00                                             |                    |  |
|                          | Other. Add all other nonpriority unsecured claims. Write that amount here.                                   | 6i. | \$6,298.26                                         |                    |  |
|                          | 6j. Total. Add lines 6f through 6j.                                                                          | 6i. | \$6,298.26                                         |                    |  |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|-------------------------------------------------|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1                                        | Rosie                     |             | Portis                       |  |  |  |  |  |
|                                                 | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2                                        |                           |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (State)                      |  |  |  |  |  |

| $\bigcirc$ | ffi  | cia | IF | ∩rr | n 1 | 106G |
|------------|------|-----|----|-----|-----|------|
| U          | 1119 | Cla |    | ווט | П   | IUOG |

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or comp       | pany with whom you have | the contract or lease | State what the contract or lease is for                       |
|-----|----------------------|-------------------------|-----------------------|---------------------------------------------------------------|
| 2.1 | Dan Makowski<br>Name |                         |                       | Residential Lease,<br>Debtor is Lessee,<br>Residential Lease. |
|     | Address Unknow       | vn                      |                       |                                                               |
|     | Number               | Street                  |                       |                                                               |
|     | Crest Hill           | Illinois                | 60403                 |                                                               |
|     | City                 | State                   | Zip Code              |                                                               |

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|                                 |                          | 20                                                         | oumone rago c                 | 2 0. 01                                                                                                                                                                              |
|---------------------------------|--------------------------|------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fill in this infor              | mation to identify your  | case:                                                      |                               |                                                                                                                                                                                      |
| Debtor 1                        | Rosie                    |                                                            | Portis                        |                                                                                                                                                                                      |
|                                 | First Name               | Middle Name                                                | Last Name                     |                                                                                                                                                                                      |
| Debtor 2<br>(Spouse, if filing) | First Name               | Middle Name                                                | Last Name                     |                                                                                                                                                                                      |
| United States I                 | Bankruptcy Court for the | e: Northern                                                | District of Illinois          |                                                                                                                                                                                      |
| Office Otales I                 | summapley Court for the  | . INOTATION                                                | (State)                       | <del></del>                                                                                                                                                                          |
| Case number (If known)          |                          |                                                            |                               | <u> </u>                                                                                                                                                                             |
| , ,                             |                          |                                                            |                               | Check if this is an                                                                                                                                                                  |
|                                 |                          |                                                            |                               | amended filing                                                                                                                                                                       |
| Official                        | Form 106H                |                                                            |                               |                                                                                                                                                                                      |
| Sahadul                         | e H: Your Co             | dobtoro                                                    |                               | 10/15                                                                                                                                                                                |
| Schedul                         | e n: Your Co             | deblors                                                    |                               | 12/15                                                                                                                                                                                |
| known). Answe                   | er every question.       | you are filing a joint case, do                            |                               | f any Additional Pages, write your name and case number (if debtor.)                                                                                                                 |
| Idaho, Lo                       | • •                      | ou lived in a community proplexico, Puerto Rico, Texas, Wa | - '                           | ommunity property states and territories include Arizona, California,                                                                                                                |
|                                 |                          | ner spouse, or legal equival                               | ent live with you at the time | 2                                                                                                                                                                                    |
|                                 | No                       | nor op case, or logar equitar                              | on mo man jou at ano anno     | •                                                                                                                                                                                    |
|                                 |                          | nity state or territory did you                            | live?                         | Fill in the name and current address of that person.                                                                                                                                 |
|                                 | Name of your spouse      | , former spouse, or legal equiv                            | valent valent                 | _                                                                                                                                                                                    |
|                                 | Number Street            |                                                            |                               | <u> </u>                                                                                                                                                                             |
|                                 | City                     | State                                                      | Zip Code                      | _                                                                                                                                                                                    |
| again as                        | a codebtor only if that  | person is a guarantor or co                                | signer. Make sure you ha      | our spouse is filing with you. List the person shown in line 2 we listed the creditor on Schedule D (Official Form 106D), while D, Schedule E/F, or Schedule G to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| Fill in this information t                                                                                                                                  |                                                                                                                                                                 |                                                  |                     |                                                 |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| TIII III UIIS IIIIOIIIIauoii I                                                                                                                              | to identify your case:                                                                                                                                          |                                                  |                     |                                                 |                                                                                                                     |
| Debtor 1 Rosie                                                                                                                                              |                                                                                                                                                                 | Portis                                           |                     | _                                               |                                                                                                                     |
| First Name                                                                                                                                                  | e Middle Nai                                                                                                                                                    | me Last Nam                                      | е                   | Che                                             | eck if this is:                                                                                                     |
| Debtor 2 (Spouse, if filing) First Name                                                                                                                     | e Middle Nai                                                                                                                                                    | me Last Nam                                      |                     | -   🗖                                           | An amended filing                                                                                                   |
|                                                                                                                                                             |                                                                                                                                                                 |                                                  |                     |                                                 | A supplement showing post-petition chapter                                                                          |
| United States Bankruptcy the:                                                                                                                               | y Court for Northern                                                                                                                                            | District of Illinois                             |                     |                                                 | expenses as of the following date:                                                                                  |
| Case number                                                                                                                                                 |                                                                                                                                                                 | (State                                           | <del>3</del> )      |                                                 |                                                                                                                     |
| (If known)                                                                                                                                                  |                                                                                                                                                                 |                                                  |                     | _                                               | MM / DD / YYYY                                                                                                      |
| Official Form                                                                                                                                               | 1061                                                                                                                                                            |                                                  |                     |                                                 |                                                                                                                     |
| Schedule I: Yo                                                                                                                                              | our Income                                                                                                                                                      |                                                  |                     |                                                 | 12/                                                                                                                 |
| information about your                                                                                                                                      | spouse. If you are separate is needed, attach a separate swer every question.                                                                                   | ed and your spouse i                             | is not filing       | with you, do                                    | r spouse is living with you, include<br>not include information about your<br>ional pages, write your name and case |
| Fill in your employme                                                                                                                                       | ent                                                                                                                                                             | Debtor 1                                         |                     |                                                 | Debtor 2                                                                                                            |
| information.                                                                                                                                                |                                                                                                                                                                 |                                                  |                     |                                                 |                                                                                                                     |
| If you have more than                                                                                                                                       | Employment status one job,                                                                                                                                      | Employed                                         | ĺ                   |                                                 | Employed                                                                                                            |
| attach a separate page<br>information about addi                                                                                                            |                                                                                                                                                                 | Not Emplo                                        | oyed                |                                                 | Not Employed                                                                                                        |
| employers.                                                                                                                                                  | Occupation                                                                                                                                                      | Oncology/Me                                      | d                   |                                                 |                                                                                                                     |
| Include part time, seas self-employed work.                                                                                                                 | onal, or <b>Employer's name</b>                                                                                                                                 | Edward Hospi                                     | ital                |                                                 |                                                                                                                     |
| Occupation may include                                                                                                                                      | Employer's address                                                                                                                                              | 7 2 0 0 <b>VV</b> a311111                        | igton St            |                                                 | _                                                                                                                   |
| or homemaker, if it app                                                                                                                                     |                                                                                                                                                                 | Number Street                                    |                     |                                                 | Number Street                                                                                                       |
|                                                                                                                                                             |                                                                                                                                                                 |                                                  |                     |                                                 | <u> </u>                                                                                                            |
|                                                                                                                                                             |                                                                                                                                                                 | N1 20 -                                          | 100 1 -             | 00540                                           |                                                                                                                     |
|                                                                                                                                                             |                                                                                                                                                                 | Naperville<br>City                               | Illinois<br>State   | 60540<br>Zip Code                               | City State Zip Code                                                                                                 |
|                                                                                                                                                             | How long employed                                                                                                                                               | City                                             |                     | 60540<br>Zip Code                               | City State Zip Code                                                                                                 |
|                                                                                                                                                             | How long employed there?                                                                                                                                        | City                                             |                     |                                                 | City State Zip Code                                                                                                 |
| Part 2: Give Details                                                                                                                                        |                                                                                                                                                                 | City                                             |                     |                                                 | City State Zip Code                                                                                                 |
| Estimate monthly inco                                                                                                                                       | there?  About Monthly Income  ome as of the date you file this eparated.                                                                                        | city  d  s form. If you have not                 | State               | Zip Code<br>rt for any line, v                  | write \$0 in the space. Include your non-filing                                                                     |
| Estimate monthly inco<br>spouse unless you are so<br>If you or your non-filing s                                                                            | there?  About Monthly Income  ome as of the date you file this eparated.                                                                                        | city  d  s form. If you have not                 | State thing to repo | Zip Code<br>rt for any line, v                  |                                                                                                                     |
| Estimate monthly inco<br>spouse unless you are so<br>If you or your non-filing s<br>more space, attach a se                                                 | there?  About Monthly Income  ome as of the date you file this eparated.  spouse have more than one emperarate sheet to this form.                              | s form. If you have not                          | State thing to repo | Zip Code<br>rt for any line, v                  | write \$0 in the space. Include your non-filing or that person on the lines below. If you need                      |
| Estimate monthly inco<br>spouse unless you are so<br>If you or your non-filing s<br>more space, attach a se<br>2. List monthly gross                        | there?  About Monthly Income  ome as of the date you file this eparated.  spouse have more than one emp                                                         | s form. If you have not bloyer, combine the info | State thing to repo | Zip Code<br>rt for any line, v                  | write \$0 in the space. Include your non-filing or that person on the lines below. If you need                      |
| Estimate monthly inco<br>spouse unless you are so<br>If you or your non-filing somore space, attach a se<br>2. List monthly gross deductions.) If not pose. | there?  About Monthly Income  ome as of the date you file this eparated. epouse have more than one emperate sheet to this form.  wages, salary, and commissions | s form. If you have not bloyer, combine the info | State thing to repo | Zip Code  rt for any line, vall employers for 1 | write \$0 in the space. Include your non-filing or that person on the lines below. If you need                      |

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| Debt                 | or 1Rosie<br>First Name                   |                                                                                                                                                                                 | Portis<br>Last Name | Case number<br>known)     | (if                               |                         |
|----------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|-----------------------------------|-------------------------|
|                      | T HOT NAME                                | Middle Hairie                                                                                                                                                                   | Luot Humo           | For Debtor 1              | For Debtor 2 or non-filing spouse |                         |
| Co                   | py line 4 here                            |                                                                                                                                                                                 | <b>→</b> 4.         | \$3,094.93                |                                   |                         |
| 5. <b>Lis</b>        | t all payroll dedu                        |                                                                                                                                                                                 |                     |                           |                                   |                         |
| 5a                   | . Tax, Medicare,                          | and Social Security deductions                                                                                                                                                  | 5a.                 | \$437.62                  |                                   |                         |
| 5b                   | . Mandatory con                           | tributions for retirement plans                                                                                                                                                 | 5b.                 | \$0.00                    |                                   |                         |
| 5с                   | . Voluntary contr                         | ibutions for retirement plans                                                                                                                                                   | 5c.                 | \$154.74                  |                                   |                         |
| 5d                   | l. Required repay                         | ments of retirement fund loans                                                                                                                                                  | 5d.                 | \$0.00                    |                                   |                         |
| 5e                   | . Insurance                               |                                                                                                                                                                                 | 5e.                 | \$288.90                  |                                   |                         |
| 5f.                  | Domestic suppo                            | ort obligations                                                                                                                                                                 | 5f.                 | \$0.00                    |                                   |                         |
| 5g                   | . Union dues                              |                                                                                                                                                                                 | 5g.                 | \$0.00                    |                                   |                         |
| 5h                   | . Other deductio                          | ns. Specify:                                                                                                                                                                    | 5h.                 | + \$0.00 +                |                                   |                         |
| 6. <b>Ad</b><br>+5h. | d the payroll ded                         | uctions. Add lines 5a + 5b + 5c + 5d + 5e +5f                                                                                                                                   | f + 5g 6.           | \$881.27                  |                                   |                         |
| 7. <b>Ca</b> l       | Iculate total mor                         | nthly take-home pay. Subtract line 6 from line                                                                                                                                  | 94. 7.              | \$2,213.66                |                                   |                         |
| 8. <b>Lis</b>        | t all other incom                         | e regularly received:                                                                                                                                                           |                     |                           |                                   |                         |
| 8a                   | . Net income from business, profes        | m rental property and from operating a<br>ssion, or farm                                                                                                                        |                     |                           |                                   |                         |
|                      |                                           | nt for each property and business showing rdinary and necessary business expenses, and                                                                                          | 8a.                 | \$0.00                    |                                   |                         |
| 8h                   | . Interest and div                        |                                                                                                                                                                                 | 8b.                 | \$0.00                    |                                   |                         |
|                      |                                           | payments that you, a non-filing spouse, or                                                                                                                                      |                     |                           |                                   |                         |
|                      | Include alimony,                          | spousal support, child support, maintenance, nt, and property settlement.                                                                                                       | 8c.                 | \$0.00                    |                                   |                         |
| 8d                   | l. Unemployment                           | compensation                                                                                                                                                                    | 8d.                 | \$0.00                    |                                   |                         |
| 8e                   | . Social Security                         |                                                                                                                                                                                 | 8e.                 | \$0.00                    |                                   |                         |
| 8f.                  | Include cash assi<br>cash assistance t    | ent assistance that you regularly receive istance and the value (if known) of any non-hat you receive, such as food stamps (benefits mental Nutrition Assistance Program) or is | 8f.                 | \$0.00                    |                                   |                         |
| 8g                   | Pension or reti                           | rement income                                                                                                                                                                   | 8g.                 | \$0.00                    |                                   |                         |
| 8h                   | . Other monthly                           | income. Specify:                                                                                                                                                                | 8h.                 | + \$0.00 +                |                                   |                         |
| 9. <b>Ad</b>         | d all other incom                         | <b>1e</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +                                                                                                                           | ⊦8h. 9.             | \$0.00                    |                                   |                         |
|                      | •                                         | income. Add line 7 + line 9.<br>e 10 for Debtor 1 and Debtor 2 or non-filing sp                                                                                                 | 10.<br>Douse        | \$2,213.66 +              |                                   | \$2,213.66              |
| In o                 | clude contributions<br>ends or relatives. | ular contributions to the expenses that you<br>s from an unmarried partner, members of your<br>amounts already included in lines 2-10 or amou                                   | household, yo       | ur dependents, your roomm |                                   |                         |
| Sp                   | ecify:                                    |                                                                                                                                                                                 |                     |                           | 1                                 | 11. + \$0.00            |
|                      |                                           | the last column of line 10 to the amount in the Summary of Schedules and Statistical Sui                                                                                        |                     |                           |                                   | 12.<br>\$2,213.66       |
|                      |                                           |                                                                                                                                                                                 |                     |                           |                                   | Combined monthly income |
| 13. <b>D</b>         | o you expect an i<br>✓ No.                | increase or decrease within the year after y                                                                                                                                    | you file this fo    | rm?                       |                                   |                         |
| Ë                    | Yes. Explain:                             |                                                                                                                                                                                 |                     |                           |                                   |                         |
| L                    |                                           |                                                                                                                                                                                 |                     |                           |                                   |                         |

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|                                                                                |                                                                                                                                                 | Docu                                                                   | iment Page 34 of 6                                                                                                                                        | 7                      |                                                     |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------|
| Fill in this infor                                                             | mation to identify you                                                                                                                          | r case:                                                                |                                                                                                                                                           |                        |                                                     |
| Debtor 1                                                                       | Rosie<br>First Name                                                                                                                             | Middle Name                                                            | Portis<br>Last Name                                                                                                                                       |                        |                                                     |
| Debtor 2                                                                       | i list Name                                                                                                                                     | wildule Name                                                           | Lastivaine                                                                                                                                                | Check if this is:      |                                                     |
| (Spouse, if filing)                                                            | First Name                                                                                                                                      | Middle Name                                                            | Last Name                                                                                                                                                 | An amended filir       |                                                     |
|                                                                                | Bankruptcy Court for th                                                                                                                         | e: Northern I                                                          | District of Illinois (State)                                                                                                                              |                        | howing post-petition chapter 13 the following date: |
| Case number<br>(If known)                                                      | -                                                                                                                                               |                                                                        | _                                                                                                                                                         | MM / DD / YYYY         | <u></u>                                             |
| Official                                                                       | Form 106J                                                                                                                                       |                                                                        |                                                                                                                                                           |                        |                                                     |
| Schedul                                                                        | e J: Your Ex                                                                                                                                    | penses                                                                 |                                                                                                                                                           |                        | 12/15                                               |
| information. If (if known). Ans  Part 1: Des  1. Is this a joi  No. Go  Yes. D | more space is neede wer every question.  cribe Your Housel nt case?  to to line 2  oes Debtor 2 live in a  No  Yes. Debtor 2 must e dependents? | d, attach another sheet to this  nold separate household?              | re filing together, both are equal form. On the top of any addition asses for Separate Household of Deb  Dependent's relationship to Debtor 1 or Debtor 2 | al pages, write your n |                                                     |
|                                                                                | _                                                                                                                                               | No<br>Yes                                                              |                                                                                                                                                           |                        |                                                     |
| Part 2: Esti                                                                   | mate Your Ongoin                                                                                                                                | g Monthly Expenses                                                     |                                                                                                                                                           |                        |                                                     |
| Estimate your expenses as of applicable da                                     | r expenses as of your<br>of a date after the ba                                                                                                 | bankruptcy filing date unless y<br>nkruptcy is filed. If this is a sup | you are using this form as a supplemental Schedule J, check the                                                                                           | •                      | •                                                   |
|                                                                                |                                                                                                                                                 | n-cash government assistance<br>If it on Schedule I: Your Income       |                                                                                                                                                           |                        | Your expenses                                       |
|                                                                                | or the ground or lot. 4.                                                                                                                        | expenses for your residence. In                                        | nclude first mortgage payments and                                                                                                                        |                        | <b>\$650.00</b>                                     |
| If not incl                                                                    | uded in line 4:                                                                                                                                 |                                                                        |                                                                                                                                                           |                        |                                                     |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Rosie
 Portis
 Case number (if known)

 Last Name
 Last Name

| First Name                                                          | Middle Name Last Name                                                      |            |               |
|---------------------------------------------------------------------|----------------------------------------------------------------------------|------------|---------------|
|                                                                     |                                                                            |            | Your expenses |
| 5. Additional mortgage paymen                                       | nts for your residence, such as home equity loans                          | 5.         | \$0.00        |
| 6. Utilities:                                                       |                                                                            |            |               |
| 6a. Electricity, heat, natural gas                                  | 3                                                                          | 6a.        | \$200.00      |
| 6b. Water, sewer, garbage coll                                      | ection                                                                     | 6b.        | \$150.00      |
| 6c. Telephone, cell phone, Int                                      | ernet, satellite, and cable services                                       | 6c.        | \$220.00      |
| 6d. Other. Specify:                                                 |                                                                            | 6d         | \$0.00        |
| 7. Food and housekeeping sup                                        | olies                                                                      | 7.         | \$200.00      |
| 8. Childcare and children's edu                                     | cation costs                                                               | 8.         | \$0.00        |
| 9. Clothing, laundry, and dry cl                                    | eaning                                                                     | 9.         | \$25.00       |
| 10. Personal care products and                                      | I services                                                                 | 10.        | \$25.00       |
| 11. Medical and dental expens                                       | es                                                                         | 11.        | \$0.00        |
| 12. <b>Transportation.</b> Include gas, Do not include car payments | maintenance, bus or train fare.                                            | 12.        | \$70.00       |
| 13. Entertainment, clubs, recre                                     | ation, newspapers, magazines, and books                                    | 13.        | \$0.00        |
| 14. Charitable contributions ar                                     | d religious donations                                                      | 14.        | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance dedu                 | acted from your pay or included in lines 4 or 20.                          |            |               |
| 15a. Life insurance                                                 |                                                                            | 15a        | \$0.00        |
| 15b. Health insurance                                               |                                                                            | 15b        | \$0.00        |
| 15c. Vehicle insurance                                              |                                                                            | 15c        | \$143.00      |
| 15d. Other insurance. Specify:                                      |                                                                            | 15d        | \$0.00        |
| 16. Taxes. Do not include taxes of                                  | deducted from your pay or included in lines 4 or 20.                       |            |               |
| Specify:                                                            |                                                                            | 16         | \$0.00        |
| 17. Installment or lease payme                                      | nts:                                                                       |            |               |
| 17a. Car payments for Vehicle                                       |                                                                            | 17a        | \$0.00        |
| 17b. Car payments for Vehicle                                       | 2                                                                          | 17b        | \$0.00        |
| 17c. Other. Specify:                                                |                                                                            | 17c        | \$0.00        |
|                                                                     |                                                                            | 17d        | \$0.00        |
|                                                                     | maintenance, and support that you did not report as deducted from          |            | \$0.00        |
|                                                                     | e I, Your Income (Official Form 106I).                                     | 18.        |               |
| Specify:                                                            | o support others who do not live with you.                                 | 10         | Ф0.00         |
| -                                                                   | s not included in lines 4 or 5 of this form or on Schedule I: Your Income. | 19.        | \$0.00        |
| 20a. Mortgages on other prop                                        |                                                                            | 20a        | \$0.00        |
| 20b. Real estate taxes.                                             |                                                                            | 20a<br>20b | \$0.00        |
| 20c. Property, homeowner's,                                         | or renter's insurance                                                      | 20c        | \$0.00        |
| 20d. Maintenance, repair, and                                       |                                                                            | 20d        | \$0.00        |
| 20e. Homeowner's association                                        |                                                                            | 20d<br>20e | \$0.00        |
|                                                                     |                                                                            | 206        | Ψ0.00         |

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| Debtor 1 Rosi                                                                        |                             |                           | Portis                                                                                  | Case number (if known) |     |            |
|--------------------------------------------------------------------------------------|-----------------------------|---------------------------|-----------------------------------------------------------------------------------------|------------------------|-----|------------|
| First                                                                                | Name                        | Middle Name               | Last Name                                                                               |                        |     |            |
| 21. <b>Other.</b> Specify:                                                           |                             |                           |                                                                                         |                        | 21  | \$0.00     |
| 22 Calculate                                                                         | e your monthly expenses     | s.                        |                                                                                         |                        |     |            |
| 22a. Add lines 4 through 21.                                                         |                             |                           |                                                                                         |                        |     | \$1,683.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |                             |                           |                                                                                         |                        |     | \$0.00     |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                      |                             |                           |                                                                                         |                        | 00  | \$1,683.00 |
| 23. Calculate your monthly net income.                                               |                             |                           |                                                                                         |                        | 22. |            |
|                                                                                      | •                           |                           |                                                                                         |                        |     |            |
| 23a. Copy line 12 (your combined monthly income) from Schedul                        |                             |                           | schedule I.                                                                             |                        | 23a | \$2,213.66 |
| 23b. Copy your monthly expenses from line 22 above.                                  |                             |                           |                                                                                         |                        | 23b | \$1,683.00 |
| 23c. Subtract your monthly expenses from your monthly income.                        |                             |                           |                                                                                         |                        |     | \$530.66   |
| The result is your monthly net income.                                               |                             |                           |                                                                                         | 23c                    |     |            |
| For exam                                                                             | ple, do you expect to finis | sh paying for your car lo | es within the year after to an within the year or do you no diffication to the terms of | ou expect your         |     |            |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |
|-------------------------------------------------|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1                                        | Rosie                     |             | Portis               |  |  |  |  |
|                                                 | First Name                | Middle Name | Last Name            |  |  |  |  |
| Debtor 2                                        |                           |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |
|                                                 |                           |             | (State)              |  |  |  |  |
| Case number (If known)                          |                           |             |                      |  |  |  |  |

### Official Form 106Dec

| Check if this is an |
|---------------------|
| amended filing      |

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below                                                  |                                                                                               |
|-----|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|     | Did you pay or agree to pay someone who is NOT an attorney to    | help you fill out bankruptcy forms?                                                           |
|     | ✓ No                                                             |                                                                                               |
|     | Yes. Name of person                                              | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |                                                                  |                                                                                               |
|     |                                                                  |                                                                                               |
|     | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and                                                 |
|     | that they are true and correct.                                  |                                                                                               |
| ×   | /s/ Rosie Portis                                                 | <b>x</b>                                                                                      |
|     | Signature of Debtor 1                                            | Signature of Debtor 2                                                                         |
|     | Date 9/29/2017                                                   | Date                                                                                          |
|     | MM/DD/YYYY                                                       | MM/DD/YYYY                                                                                    |

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| Fill ir         | n this inf      | formation to identify y  | our case:              |                                                        |                  |                  |                     |                                   |
|-----------------|-----------------|--------------------------|------------------------|--------------------------------------------------------|------------------|------------------|---------------------|-----------------------------------|
| Debt            | tor 1           | Rosie                    |                        | Portis                                                 |                  | _                |                     |                                   |
| Debt            | tor 2           | First Name               | Middle                 | Name Last Nan                                          | ne               |                  |                     |                                   |
| (Spot           | use, if filing  | First Name               | Middle                 | Name Last Nan                                          | ne               | _                |                     |                                   |
| Unite           | ed States       | s Bankruptcy Court for   | the: Northern          | District of Illing                                     |                  | -                |                     |                                   |
| Case<br>(If kno | e numbe<br>own) | er                       |                        | (2.0                                                   |                  | _                |                     |                                   |
| Ott             | ficio           | Form 107                 | ,                      |                                                        |                  |                  |                     | Check if this is a amended filing |
|                 |                 | l Form 107               | -                      |                                                        |                  |                  |                     | amended ming                      |
|                 |                 |                          |                        | for Individuals                                        |                  |                  |                     | 04/1                              |
|                 |                 |                          |                        | narried people are filing<br>parate sheet to this forn |                  |                  |                     |                                   |
| num             | ber (if I       | known). Answer eve       | ery question.          |                                                        |                  |                  |                     |                                   |
| Part            | 1: Gi           | ve Details About Y       | our Marital Statu      | s and Where You Lived                                  | l Before         |                  |                     |                                   |
| 1.              | What            | is your current marit    | al status?             |                                                        |                  |                  |                     |                                   |
|                 |                 | //arried                 |                        |                                                        |                  |                  |                     |                                   |
|                 | ☑ ▷             | lot married              |                        |                                                        |                  |                  |                     |                                   |
| 2.              | Durin           | g the last 3 years, ha   | ve you lived anywhe    | re other than where you l                              | ive now?         |                  |                     |                                   |
|                 | <b>√</b> N      | lo                       |                        |                                                        |                  |                  |                     |                                   |
|                 |                 | es. List all of the plac | es you lived in the la | st 3 years. Do not include                             | where you live   | now.             |                     |                                   |
|                 |                 |                          |                        |                                                        |                  |                  |                     |                                   |
|                 | C               | Debtor 1:                |                        | Dates Debtor 1 lived there                             | Debtor 2:        |                  |                     | Dates Debtor 2 lived there        |
|                 |                 |                          |                        |                                                        | ☐ Same           | as Debtor 1      |                     | Same as Debtor 1                  |
|                 |                 |                          |                        |                                                        | Gaino            | ao Bostor 1      |                     | Game de Bobton i                  |
|                 | N               | lumber Street            |                        | From                                                   | Number St        | reet             |                     | From                              |
|                 | _               |                          |                        | То                                                     |                  |                  |                     | То                                |
|                 | c               | Dity State               | Zip Code               |                                                        | City             | State            | Zip Code            |                                   |
|                 |                 |                          |                        |                                                        | Same             | as Debtor 1      |                     | Same as Debtor 1                  |
|                 | _               |                          |                        | From                                                   |                  |                  |                     | From                              |
|                 | N               | lumber Street            |                        | From<br>To                                             | Number St        | reet             |                     | From<br>To                        |
|                 | _               |                          |                        |                                                        |                  |                  |                     |                                   |
|                 | C               | City State               | Zip Code               |                                                        | City             | State            | Zip Code            |                                   |
|                 |                 |                          |                        | spouse or legal equivalent                             |                  |                  |                     |                                   |
|                 |                 |                          | California, Idaho, Lou | isiana, Nevada, New Mexico                             | , Puerto Rico, 1 | Гехаs, Washingto | on, and Wisconsin.) |                                   |
|                 | No Ve           |                          | out Schadula H. Vou    | r Codebtors (Official Form                             | 106H)            |                  |                     |                                   |
|                 | Ye:             | s. Make sure you fill o  | out Schedule H: You    | r Codebtors (Official Form                             | 106H).           |                  |                     |                                   |

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| Debt   | or 1                  | Rosie                                                                                                                                                                                                                           | Portis                                                                                              |                                                                                           | number (if known)                                      |                                                                  |
|--------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|
|        |                       | First Name Middle                                                                                                                                                                                                               | e Name Last Nan                                                                                     | ne                                                                                        |                                                        |                                                                  |
| Part   | 2:                    | Explain the Sources of Your Inc                                                                                                                                                                                                 | come                                                                                                |                                                                                           |                                                        |                                                                  |
| Fill   |                       | you have any income from employm<br>n the total amount of income you receiv<br>vities. If you are filing a joint case and you<br>No<br>Yes. Fill in the details.                                                                | ved from all jobs and all busin                                                                     | nesses, including part-time                                                               |                                                        | ars?                                                             |
|        |                       |                                                                                                                                                                                                                                 | Debtor 1                                                                                            |                                                                                           | Debtor 2                                               |                                                                  |
|        |                       |                                                                                                                                                                                                                                 | Sources of income<br>Check all that apply.                                                          | Gross income<br>(before deductions and<br>exclusions)                                     | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |
|        |                       | om January 1 of current year until<br>e date you filed for bankruptcy:                                                                                                                                                          | Wages, commissions, bonuses, tips Operating a business                                              | \$30367.89                                                                                | Wages, commissions, bonuses, tips Operating a business |                                                                  |
|        |                       | or last calendar year: anuary 1 to December 31, 2016 ) YYYY                                                                                                                                                                     | Wages, commissions, bonuses, tips Operating a business                                              | \$41933.00                                                                                | Wages, commissions, bonuses, tips Operating a business |                                                                  |
|        |                       | or the calendar year before that:<br>anuary 1 to December 31, 2015 )<br>YYYY                                                                                                                                                    | Wages, commissions, bonuses, tips Operating a business                                              | \$30000.00                                                                                | Wages, commissions, bonuses, tips Operating a business |                                                                  |
| l<br>f | nclu<br>oubl<br>iling | you receive any other income during ide income regardless of whether that in ic benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No  Yes. Fill in the details. | ncome is taxable. Examples of<br>come; interest; dividends; mo<br>you received together, list it of | of other income are alimony;<br>oney collected from lawsuits<br>only once under Debtor 1. | ; royalties; and gambling and lot                      |                                                                  |
|        |                       |                                                                                                                                                                                                                                 | Debtor 1                                                                                            |                                                                                           | Debtor 2                                               |                                                                  |
|        |                       |                                                                                                                                                                                                                                 | Sources of income<br>Describe below.                                                                | Gross income from<br>each source<br>(before deductions<br>and exclusions)                 | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |
|        |                       | rom January 1 of current year until<br>ne date you filed for bankruptcy:                                                                                                                                                        |                                                                                                     |                                                                                           |                                                        |                                                                  |
|        |                       | or last calendar year:<br>lanuary 1 to December 31, 2016 )<br>YYYY                                                                                                                                                              |                                                                                                     |                                                                                           |                                                        |                                                                  |
|        |                       | or the calendar year before that:<br>lanuary 1 to December 31, 2015 )<br>YYYY                                                                                                                                                   |                                                                                                     |                                                                                           |                                                        |                                                                  |
|        |                       |                                                                                                                                                                                                                                 |                                                                                                     |                                                                                           |                                                        |                                                                  |

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Portis Debtor 1 Rosie \_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other

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| btor 1 Rosie                                         |                                            |                                                                        | Port                                         | is                                          | Case number                                 | (if known)                                                                                                        |
|------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| First Name                                           |                                            | Middle Name                                                            | Last                                         | Name                                        |                                             |                                                                                                                   |
| Insiders includ<br>corporations o<br>agent, includin | le your relatives; a<br>of which you are a | any general partners<br>an officer, director, p<br>ness you operate as | ; relatives of any g<br>person in control, o | eneral partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? You are a general partner; You securities; and any managing You domestic support obligations, |
| <b>✓</b> No                                          |                                            |                                                                        |                                              |                                             |                                             |                                                                                                                   |
| Yes. List                                            | all payments to a                          | an insider.                                                            |                                              |                                             |                                             |                                                                                                                   |
|                                                      |                                            |                                                                        | Dates of payment                             | Total amount paid                           | Amount you still owe                        | Reason for this payment                                                                                           |
| Insider's N                                          | Name                                       |                                                                        |                                              |                                             |                                             |                                                                                                                   |
| Number S                                             | Street                                     |                                                                        |                                              |                                             |                                             |                                                                                                                   |
| City                                                 | State                                      | Zip Code                                                               |                                              |                                             |                                             |                                                                                                                   |
| Insider's N                                          | Name                                       |                                                                        |                                              |                                             |                                             |                                                                                                                   |
| Number S                                             | Street                                     |                                                                        |                                              |                                             |                                             |                                                                                                                   |
| City                                                 | State                                      | Zip Code                                                               |                                              |                                             |                                             |                                                                                                                   |
| ✓ No                                                 | _                                          | aranteed or cosigned                                                   | ·                                            | Total amount paid                           | Amount you still owe                        | Reason for this payment  Include creditor's name                                                                  |
| Insider's N                                          | Name                                       |                                                                        |                                              |                                             |                                             |                                                                                                                   |
| Number S                                             | Street                                     |                                                                        |                                              |                                             |                                             |                                                                                                                   |
|                                                      |                                            |                                                                        |                                              |                                             |                                             |                                                                                                                   |
| City                                                 | State                                      | Zip Code                                                               |                                              |                                             |                                             |                                                                                                                   |
| Insider's N                                          | Name                                       |                                                                        |                                              |                                             |                                             |                                                                                                                   |
|                                                      |                                            |                                                                        |                                              |                                             |                                             |                                                                                                                   |
| Number S                                             | Street                                     |                                                                        |                                              |                                             |                                             |                                                                                                                   |

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Debtor 1 Rosie Portis Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Rosie                                                                                                 | Portis                     | Case number (if known)                         |                       |
|------|-------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------|-----------------------|
|      | First Name Middle Name                                                                                      | Last Name                  |                                                |                       |
| 11.  | Within 90 days before you filed for bankruptcy, did a accounts or refuse to make a payment because you No   |                            | pank or financial institution, set off any amo | ounts from your       |
|      | Yes. Fill in the details.                                                                                   |                            |                                                |                       |
|      | _                                                                                                           | Describe the action th     | e creditor took  Date action was taken         | Amount                |
|      | Creditor's Name                                                                                             |                            |                                                |                       |
|      | Number Street                                                                                               |                            |                                                |                       |
|      |                                                                                                             | Last 4 digits of account   | number: XXXX-                                  |                       |
|      | City State Zip Code                                                                                         |                            |                                                |                       |
| 12.  | Within 1 year before you filed for bankruptcy, was an appointed receiver, a custodian, or another official? |                            | possession of an assignee for the benefit o    | f creditors, a court- |
|      | ✓ No                                                                                                        |                            |                                                |                       |
|      | Yes                                                                                                         |                            |                                                |                       |
| Part | 5: List Certain Gifts and Contributions                                                                     |                            |                                                |                       |
| 13.  | Within 2 years before you filed for bankruptcy, did y                                                       | ou give any gifts with a t | otal value of more than \$600 per person?      |                       |
|      | ✓ No  Yes. Fill in the details for each gift.                                                               |                            |                                                |                       |
|      | Gifts with a total value of more than \$600 per person                                                      | Describe the gifts         | Dates you gave the gifts                       | Value                 |
|      |                                                                                                             |                            |                                                |                       |
|      | Person to Whom You Gave the Gift                                                                            |                            |                                                |                       |
|      | Number Street                                                                                               |                            |                                                |                       |
|      | City State Zip Code                                                                                         |                            |                                                |                       |
|      | Person's relationship to you                                                                                |                            |                                                |                       |
|      | Person to Whom You Gave the Gift                                                                            |                            |                                                | -                     |
|      |                                                                                                             |                            |                                                |                       |
|      | Number Street                                                                                               |                            |                                                |                       |
|      | City State Zip Code                                                                                         |                            |                                                |                       |
|      | Person's relationship to you                                                                                |                            |                                                |                       |

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|          | Rosie                                                                                                                                                                                                                                                                                                                                                                                                                             | Portis Case num                                                                                                                               | ber (if known)                                |                        |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------|
|          | First Name Middle Name                                                                                                                                                                                                                                                                                                                                                                                                            | Last Name                                                                                                                                     |                                               |                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                               |                        |
| . Wit    | thin 2 years before you filed for bankruptcy,                                                                                                                                                                                                                                                                                                                                                                                     | , did you give any gifts or contributions with a tol                                                                                          | al value of more than \$600                   | ) to any charity?      |
|          | l No                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |                                               |                        |
| ✓        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                               |                        |
|          | Yes. Fill in the details for each gift or contri                                                                                                                                                                                                                                                                                                                                                                                  | ibution.                                                                                                                                      |                                               |                        |
|          | Gifts or contributions to charities                                                                                                                                                                                                                                                                                                                                                                                               | Describe what you contributed                                                                                                                 | Date you                                      | Value                  |
|          | that total more than \$600                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               | contributed                                   |                        |
|          | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                               |                                               |                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                               |                        |
|          | Charity's Name                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                               |                                               |                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                               |                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                               |                        |
|          | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               |                                               |                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                               |                        |
|          | City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                               |                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                               |                        |
| t 6:     | List Certain Losses                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                               |                        |
| gai<br>✓ | No Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                      | Describe any insurance accounts for the                                                                                                       | Data of vove                                  | Value of muonombu      |
|          | Describe the property you lost and how the loss occurred                                                                                                                                                                                                                                                                                                                                                                          | Describe any insurance coverage for the Include the amount that insurance has paid pending insurance claims on line 33 of Sch. A/B: Property. | I. List loss                                  | Value of property lost |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                   | 77B. Property.                                                                                                                                |                                               |                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                               |                        |
|          | List Certain Payments or Transfers                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                               |                        |
| abo      | out seeking bankruptcy or preparing a bank                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               |                                               | anyone you consulte    |
| abo      | out seeking bankruptcy or preparing a bank                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               |                                               | anyone you consulte    |
| abo      | out seeking bankruptcy or preparing a bank<br>lude any attorneys, bankruptcy petition prepare<br>No                                                                                                                                                                                                                                                                                                                               | ruptcy petition?                                                                                                                              |                                               | anyone you consulte    |
| abo      | out seeking bankruptcy or preparing a bank<br>lude any attorneys, bankruptcy petition prepare                                                                                                                                                                                                                                                                                                                                     | <b>cruptcy petition?</b> rs, or credit counseling agencies for services required                                                              | in your bankruptcy.                           |                        |
| abo      | out seeking bankruptcy or preparing a bank<br>lude any attorneys, bankruptcy petition prepare<br>No                                                                                                                                                                                                                                                                                                                               | cruptcy petition?  ers, or credit counseling agencies for services required  Description and value of any property                            | in your bankruptcy.  Date payment             | Amount of              |
| abo      | out seeking bankruptcy or preparing a bank<br>lude any attorneys, bankruptcy petition prepare<br>No                                                                                                                                                                                                                                                                                                                               | <b>cruptcy petition?</b> rs, or credit counseling agencies for services required                                                              | in your bankruptcy.  Date payment or transfer |                        |
| abo      | out seeking bankruptcy or preparing a bank<br>lude any attorneys, bankruptcy petition prepare<br>No<br>Yes. Fill in the details.                                                                                                                                                                                                                                                                                                  | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | out seeking bankruptcy or preparing a bank<br>lude any attorneys, bankruptcy petition prepare<br>No<br>Yes. Fill in the details.  Semrad Law Firm                                                                                                                                                                                                                                                                                 | cruptcy petition?  ers, or credit counseling agencies for services required  Description and value of any property                            | in your bankruptcy.  Date payment or transfer | Amount of              |
| abo      | out seeking bankruptcy or preparing a bank lude any attorneys, bankruptcy petition prepare No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid                                                                                                                                                                                                                                                                      | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | out seeking bankruptcy or preparing a bank lude any attorneys, bankruptcy petition prepare No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 2424 Plainfield Road                                                                                                                                                                                                                                                 | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | out seeking bankruptcy or preparing a bank lude any attorneys, bankruptcy petition prepare No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid                                                                                                                                                                                                                                                                      | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | out seeking bankruptcy or preparing a bank lude any attorneys, bankruptcy petition prepare No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 2424 Plainfield Road                                                                                                                                                                                                                                                 | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300                                                                                                                                                                                                                                                                                                                                                  | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403                                                                                                                                                                                                                                                                                                                        | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300                                                                                                                                                                                                                                                                                                                                                  | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403 City State Zip Code                                                                                                                                                                                                                                                                                                    | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403                                                                                                                                                                                                                                                                                                                        | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403 City State Zip Code                                                                                                                                                                                                                                                                                                    | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403 City State Zip Code                                                                                                                                                                                                                                                                                                    | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403 City State Zip Code Email or website address  Person Who Made the Payment, if Not You                                                                                                                                                                                                                                  | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403 City State Zip Code                                                                                                                                                                                                                                                                                                    | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid  City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid                                                                                                                                                                                                                                                                                  | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403 City State Zip Code Email or website address  Person Who Made the Payment, if Not You                                                                                                                                                                                                                                  | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid  City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid                                                                                                                                                                                                                                                                                  | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid  City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid                                                                                                                                                                                                                                                                                  | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403 City State Zip Code Email or website address Person Who Mas Paid Number Street Suite State Sip Code Email or Website Address Person Who Was Paid                                                                                                                                                                       | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid  City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid                                                                                                                                                                                                                                                                                  | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403 City State Zip Code Email or website address Person Who Was Paid Number Street Suite 300 City State Zip Code Crest Hill Illinois 60403 City State Zip Code Crest Hill State Zip Code | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 2424 Plainfield Road Number Street Suite 300 Crest Hill Illinois 60403 City State Zip Code Email or website address Person Who Mas Paid Number Street Suite State Sip Code Email or Website Address Person Who Was Paid                                                                                                                                                                       | cruptcy petition?  ors, or credit counseling agencies for services required  Description and value of any property transferred                | Date payment or transfer was made             | Amount of payment      |

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| Debto | r 1                  | Rosie                                                                                   |                                                    | Portis C                                     | ase number (if known | 7)                                   |         |                              |
|-------|----------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------|----------------------|--------------------------------------|---------|------------------------------|
|       |                      | First Name                                                                              | Middle Name                                        | Last Name                                    |                      |                                      |         |                              |
|       | help                 | hin 1 year before you filed to you deal with your credite not include any payment or to | ors or to make payme                               |                                              | nalf pay or transfe  | r any property to a                  | anyone  | who promised to              |
|       | <b>✓</b>             | No<br>Yes. Fill in the details.                                                         |                                                    |                                              |                      |                                      |         |                              |
| •     |                      |                                                                                         |                                                    | Description and value of any pro transferred | perty                | Date payment or transfer was made    | Amou    | int of payment               |
|       |                      | Person Who Was Paid                                                                     |                                                    |                                              |                      |                                      |         |                              |
|       |                      | Number Street                                                                           |                                                    |                                              |                      |                                      |         |                              |
|       |                      | City State                                                                              | Zip Code                                           |                                              |                      |                                      |         |                              |
| †<br> | t <b>he</b><br>Incli | ordinary course of your bu                                                              | siness or financial aff<br>nd transfers made as se | ecurity (such as the granting of a securi    |                      | •                                    |         |                              |
| •     |                      |                                                                                         |                                                    | Description and value of propert transferred |                      | ny property or<br>eceived or debts p | paid    | Date<br>transfer was<br>made |
|       |                      | Person Who Received Trans                                                               | sfer                                               |                                              |                      |                                      |         |                              |
|       |                      | Number Street                                                                           |                                                    |                                              |                      |                                      |         |                              |
|       |                      | City State<br>Person's relationship to you                                              | Zip Code                                           |                                              |                      |                                      |         |                              |
|       |                      | Person Who Received Trans                                                               | sfer                                               |                                              |                      |                                      |         |                              |
|       |                      | Number Street                                                                           |                                                    |                                              |                      |                                      |         |                              |
|       |                      | City State<br>Person's relationship to you                                              | Zip Code                                           |                                              |                      |                                      |         |                              |
|       | ben                  | hin 10 years before you file<br>eficiary?<br>ese are often called asset-pro<br>No       |                                                    | you transfer any property to a self-s        | ettled trust or sin  | nilar device of wh                   | ich you | are a                        |
| l     |                      | Yes. Fill in the details.                                                               |                                                    | Description and value of the pro-            | operty transferred   |                                      |         | Date<br>transfer was<br>made |
|       |                      | Name of trust                                                                           |                                                    |                                              |                      |                                      |         |                              |

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Portis Debtor 1 Rosie Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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**Portis** Debtor 1 Rosie \_ Case number (if known) Middle Name First Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debt | tor 1 |                      |                |                      | Portis                      | Case nu                   | umber <i>(if kn</i> e | own)                 |                                   |                                |
|------|-------|----------------------|----------------|----------------------|-----------------------------|---------------------------|-----------------------|----------------------|-----------------------------------|--------------------------------|
|      |       | First Name           |                | Middle Name          | Last Name                   |                           |                       |                      |                                   |                                |
| 26.  |       | e you been a part    | y in any judio | cial or administra   | ative proceeding under      | r any environmental       | law? Incl             | ude settleme         | ents and orde                     | rs.                            |
|      |       | Yes. Fill in the det | ails.          |                      |                             |                           |                       |                      |                                   |                                |
|      | _     |                      |                | •                    | Court or agency             | ı                         | Nature of             | the case             |                                   | Status of the case             |
|      |       | Case title           |                |                      |                             |                           |                       |                      |                                   | Pending                        |
|      |       |                      |                | (                    | Court Name                  |                           |                       |                      |                                   | On appeal                      |
|      |       | Case number          |                |                      | NumberStreet                | _                         |                       |                      |                                   | Concluded                      |
|      |       |                      |                | Ō                    | City State                  | Zip Code                  |                       |                      |                                   |                                |
| Part | 11:   | Give Details Al      | oout Your E    | Business or Co       | nnections to Any Bu         | ısiness                   |                       |                      |                                   |                                |
| 27.  | With  | nin 4 years before   | you filed for  | bankruptcy, did      | you own a business or       | have any of the follo     | owing con             | nections to          | any business                      | ?                              |
|      |       | A sole propri        | etor or self-e | employed in a tra    | de, profession, or othe     | r activity, either full-t | time or pai           | rt-time              |                                   |                                |
|      |       | A member of          | a limited liab | oility company (L    | LC) or limited liability pa | artnership (LLP)          |                       |                      |                                   |                                |
|      |       | A partner in a       | a partnership  | )                    |                             |                           |                       |                      |                                   |                                |
|      |       | An officer, di       | rector, or ma  | anaging executiv     | e of a corporation          |                           |                       |                      |                                   |                                |
|      |       | An owner of          | at least 5% c  | of the voting or e   | quity securities of a cor   | poration                  |                       |                      |                                   |                                |
|      |       | No None of the c     | haya annlia    | o Co to Dort 10      |                             |                           |                       |                      |                                   |                                |
|      | 넬     | No. None of the a    |                |                      |                             | L                         |                       |                      |                                   |                                |
|      | Ш     | Yes. Check all tha   | at apply abo   | ve and till in the o | details below for each I    |                           |                       |                      |                                   |                                |
|      |       |                      |                |                      | Describe the nat            | ure of the business       |                       |                      | entification no<br>al Security no | umber Do not<br>umber or ITIN. |
|      |       | Business Name        |                |                      | _                           |                           |                       | EIN:                 |                                   |                                |
|      |       |                      |                |                      | _                           |                           |                       | Dates busine         | ace avietad                       |                                |
|      |       | Number Street        |                |                      | Name of account             | ant or bookkeeper         |                       | Dates Dusine         | ess existed                       |                                |
|      |       | City                 | State          | Zip Code             |                             |                           |                       | From                 | To                                |                                |
|      |       |                      |                |                      |                             |                           |                       |                      |                                   |                                |
|      |       |                      |                |                      | Describe the nat            | ure of the business       |                       |                      | entification no<br>al Security no | umber Do not<br>umber or ITIN. |
|      |       | Business Name        |                |                      | _                           |                           |                       | EIN:                 |                                   |                                |
|      |       | Number Street        |                |                      | _                           |                           |                       | Dates busine         | ess existed                       |                                |
|      |       | 011                  | Obsta          | 7'- 01-              | Name of account             | ant or bookkeeper         |                       |                      |                                   |                                |
|      |       | City                 | State          | Zip Code             |                             |                           |                       | From                 | To                                | <u></u>                        |
|      |       |                      |                |                      |                             |                           |                       |                      |                                   |                                |
|      |       |                      |                |                      | Describe the nat            | ure of the business       |                       |                      |                                   | umber Do not                   |
|      |       |                      |                |                      | _                           |                           |                       | inciude Soci<br>EIN: | ai Security nu                    | ımber or ITIN.                 |
|      |       | Business Name        |                |                      |                             |                           |                       |                      |                                   |                                |
|      |       | Number Street        |                |                      | Name of account             | ant or bookkeeper         |                       | Dates busine         | ess existed                       |                                |
|      |       | City                 | State          | Zip Code             | _                           |                           |                       | From                 | То                                |                                |
|      |       |                      |                |                      |                             |                           |                       |                      |                                   |                                |
|      |       |                      |                |                      |                             |                           |                       |                      |                                   |                                |

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| Deb  | tor 1      | Rosie                                                                    |               |                     | Portis                       | Case number (if known)                                                                                                                                                                       |
|------|------------|--------------------------------------------------------------------------|---------------|---------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |            | First Name                                                               |               | Middle Name         | Last Name                    |                                                                                                                                                                                              |
| 28.  |            | hin 2 years before<br>ditors, or other par<br>No<br>Yes. Fill in the det | rties.        | bankruptcy, did yo  | u give a financial stateme   | ent to anyone about your business? Include all financial institutions,                                                                                                                       |
|      | ш          |                                                                          |               |                     | Date issued                  |                                                                                                                                                                                              |
|      |            |                                                                          |               |                     | Date Issued                  |                                                                                                                                                                                              |
|      |            | Name                                                                     |               |                     | MM/DD/YYYY                   |                                                                                                                                                                                              |
|      |            |                                                                          |               |                     | <u>.</u>                     |                                                                                                                                                                                              |
|      |            | Number Street                                                            |               |                     |                              |                                                                                                                                                                                              |
|      |            | City                                                                     | State         | Zip Code            |                              |                                                                                                                                                                                              |
|      |            | 1                                                                        | Otato         | 2.6 0000            |                              |                                                                                                                                                                                              |
| Part | t 12:      | Sign Below                                                               |               |                     |                              |                                                                                                                                                                                              |
| 1    | true a     | and correct. I unde<br>kruptcy case can                                  | erstand that  | making a false stat | ement, concealing prope      | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      |            |                                                                          | ure of Debtor | 1                   |                              | Signature of Debtor 2                                                                                                                                                                        |
|      |            | 3                                                                        |               |                     |                              | Date                                                                                                                                                                                         |
|      |            | Date 9                                                                   | 9/29/2017     |                     |                              | 240                                                                                                                                                                                          |
| ı    | Did yo     | ou attach addition                                                       | al pages to ' | our Statement of I  | Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)?                                                                                                                                             |
| ı    | <b>✓</b> N | lo                                                                       |               |                     |                              |                                                                                                                                                                                              |
|      | Y          | 'es                                                                      |               |                     |                              |                                                                                                                                                                                              |
| ı    | Did y      | ou pay or agree to                                                       | pay someon    | e who is not an att | orney to help you fill out l | pankruptcy forms?                                                                                                                                                                            |
|      | <b>✓</b> N | lo                                                                       |               |                     |                              |                                                                                                                                                                                              |
| i    |            | es. Name of persor                                                       | 1             |                     |                              | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).                                                                                            |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|       |                                                                                                                                          | Northern Di                | strict of Illinois                                                      |                                                                       |
|-------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------|
| In re | Rosie Portis                                                                                                                             |                            | Case No.                                                                |                                                                       |
| _     | Debtor                                                                                                                                   |                            |                                                                         | (If known)                                                            |
|       |                                                                                                                                          |                            | Chapter _                                                               | Chapter 13                                                            |
|       | DISCLOSURE OF                                                                                                                            | COMPENSAT                  | ION OF ATTORNE                                                          | Y FOR DEBTOR                                                          |
| 1     | <ul> <li>Pursuant to 11 U.S.C. § 329(a) and F<br/>compensation paid to me within one<br/>rendered or to be rendered on behalf</li> </ul> | year before the filing of  | the petition in bankruptcy, or agr                                      | reed to be paid to me, for services                                   |
|       | For legal services, I have agreed to ac                                                                                                  | cept                       |                                                                         | \$4,000.00                                                            |
|       | Prior to the filing of this statement I                                                                                                  | nave received              |                                                                         | \$350.00                                                              |
|       | Balance Due                                                                                                                              |                            |                                                                         | \$3,650.00                                                            |
| 2     | . The source of the compensation paid                                                                                                    | d to me was:               |                                                                         |                                                                       |
|       | <b>Debtor</b>                                                                                                                            | Other (spe                 | cify)                                                                   |                                                                       |
| 3     | . The source of the compensation paid                                                                                                    | to me is:                  |                                                                         |                                                                       |
|       | Debtor                                                                                                                                   | Other (spe                 | cify)                                                                   |                                                                       |
| 4     | . I have not agreed to share the abmembers and associates of my la                                                                       |                            | ation with any other person unle                                        | ss they are                                                           |
|       |                                                                                                                                          | v firm. A copy of the agre | n with a other person or persons<br>eement, together with a list of the |                                                                       |
| 5     | In return for the above-disclosed fee,     a. Analysis of the debtor's finantian bankruptcy;                                             | _                          | •                                                                       | e bankruptcy case, including:<br>mining whether to file a petition in |
|       | b. Preparation and filing of any                                                                                                         | petition, schedules, stat  | ements of affairs and plan which                                        | may be required;                                                      |
|       | c. Representation of the debtor                                                                                                          | at the meeting of creditor | ors and confirmation hearing, and                                       | any adjourned hearings thereof;                                       |
|       | d. Representation of the debtor                                                                                                          | in adversary proceeding    | s and other contested bankruptc                                         | y matters;                                                            |
| 6     | . By agreement with the debtor(s), the                                                                                                   | above-disclosed fee doe    | es not include the following servi                                      | ces:                                                                  |
|       |                                                                                                                                          |                            |                                                                         |                                                                       |
|       |                                                                                                                                          | CERT                       | IFICATION                                                               |                                                                       |
|       | I certify that the foregoing is a complet tor(s) in this bankruptcy proceedings.                                                         | e statement of any agre    | ement or arrangement for paymer                                         | nt to me for representation of the                                    |
| doo   | 9/29/2017                                                                                                                                |                            | /s/ Brenda Likavec                                                      |                                                                       |
|       | Date                                                                                                                                     |                            | Signature of Attorney                                                   |                                                                       |
|       |                                                                                                                                          |                            | 0 5.                                                                    |                                                                       |
|       |                                                                                                                                          |                            | Semrad Law Firm  Name of law firm                                       |                                                                       |
|       |                                                                                                                                          |                            | Name of law little                                                      |                                                                       |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

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#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filling, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 9/29/2017             | 3                      |
|-----------------------------|------------------------|
| Signed:                     |                        |
| /s/ Rosie Portis COSU Jotts | K Maline               |
|                             | /s/ Brenda Likavec     |
| Debtor(s)                   | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Portis, Rosie  Debtor(s)                   | Case No                                                | Case No                              |  |  |
|-----------------|--------------------------------------------|--------------------------------------------------------|--------------------------------------|--|--|
|                 | (-)                                        | Chapter.                                               | Chapter13                            |  |  |
|                 | VERIFIC                                    | CATION OF CREDITOR MAT                                 | TRIX                                 |  |  |
| TI<br>knowledge | he above named Debtors hereby verify<br>e. | that the attached list of creditors is tr              | rue and correct to the best of their |  |  |
| Date:           | 9/29/2017                                  | /s/ Portis, Rosie<br>Portis, Rosie<br>Signature of Del |                                      |  |  |

TIDEWATER MOTOR CREDIT 6520 INDIAN RIVER RD VIRGINIA BEACH, VA, 23464

HEIGHTS FIN 7707 KNOXVILLE AVE SUITE 201 PEORIA, IL, 61615

AMER FST FIN 3515 N. Ridge Rd, Suite 200 Wichita, KS, 67205

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302

IRS 1 PO Box 7346 Philadelphia, PA, 19101

IDOR-Bankruptcy Section PO Box 64338 Chicago, IL, 60664

Quest Diagnostics PO Box 740777 Cincinnati, OH, 45274

Payday Loan Store of Illinois 1527 W. North Avenue Melrose Park, IL, 60160

check into Cash 201 Keith St Sw Ste 80 Cleveland, TN, 37311

ZocaLoans c/o: Rosebud Lending LZO PO Box 1147 27565 Research Park Dr Mission, SD, 57555 Case 17-29322 Doc 1 Filed 09/29/17 Entered 09/29/17 16:10:02 Desc Main Document Page 62 of 67

CashNet USA Po Box 643990 Cincinnati, OH, 45264

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| Debtor 1 Rosie                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                              | number (if known)                                                                                                                                                            |                                                                                                                                 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|--|
| Part 6: Answer These Que                                                                                                                                                                                  | Middle Name La<br>estions for Reporting Purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ast Name                                                                                                                                                                                                                     |                                                                                                                                                                              |                                                                                                                                 |  |  |
| 16. What kind of debts do you have?                                                                                                                                                                       | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul> |                                                                                                                                                                                                                              |                                                                                                                                                                              |                                                                                                                                 |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                              |                                                                                                                                 |  |  |
| 18. How many creditors do you estimate that you owe?                                                                                                                                                      | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1,000-5,000<br>5,001-10,000<br>10,001-25,000                                                                                                                                                                                 | 50,00                                                                                                                                                                        | 01-50,000<br>01-100,000<br>ethan 100,000                                                                                        |  |  |
| 19. How much do you estimate your assets to be worth?                                                                                                                                                     | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1,000,001-\$10 r<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$5                                                                                                                                            | million                                                                                                                                                                      | 0,000,001-\$1 billion<br>00,000,001-\$10 billion<br>000,000,001-\$50 billion<br>than \$50 billion                               |  |  |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below                                                                                                                                  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1,000,001-\$10 r \$10,000,001-\$50 \$50,000,001-\$10 \$100,000,001-\$5                                                                                                                                                     | million                                                                                                                                                                      | 0,000,001-\$1 billion<br>00,000,001-\$10 billion<br>000,000,001-\$50 billion<br>than \$50 billion                               |  |  |
| For you                                                                                                                                                                                                   | I have examined this petition, and correct.  If I have chosen to file under Chapter 1, United States Code. I under Chapter 7.  If no attorney represents me and out this document, I have obtained I request relief in accordance with I understand making a false state connection with a bankruptcy caboth. 18 U.S.C. §§ 152, 1341, 150 // Rosie Portis // Signature of Debtor 1                                                                                                                                                                                                                | apter 7, I am aware that I ma<br>understand the relief availa<br>I did not pay or agree to pa<br>ed and read the notice requ<br>h the chapter of title 11, Un<br>ement, concealing property,<br>se can result in fines up to | ay proceed, if eligible, und<br>able under each chapter, a<br>ay someone who is not ar<br>aired by 11 U.S.C. § 342()<br>ited States Code, specifi<br>or obtaining money or p | der Chapter 7, 11,12, or 13 and I choose to proceed in attorney to help me fill b).  ed in this petition.  broperty by fraud in |  |  |
|                                                                                                                                                                                                           | Executed on 9/29/2017<br>MM / DD /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YYYYY                                                                                                                                                                                                                        | Executed on                                                                                                                                                                  | / DD / YYYY                                                                                                                     |  |  |

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| Fill in this info   | rmation to identify your o                        | case:                       |                                            | Marie Control                                                                     |                                      |
|---------------------|---------------------------------------------------|-----------------------------|--------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------|
| Debtor 1            | Rosie                                             | 1                           | Portis                                     |                                                                                   |                                      |
|                     | First Name                                        | Middle Name                 | Last Name                                  | _                                                                                 |                                      |
| Debtor 2            |                                                   |                             |                                            |                                                                                   |                                      |
| (Spouse, if filing) | First Name                                        | Middle Name                 | Last Name                                  |                                                                                   |                                      |
| United States       | Bankruptcy Court for the:                         | Northern                    | District of Illinois                       |                                                                                   |                                      |
| Case number         |                                                   |                             | (State)                                    |                                                                                   |                                      |
| (If known)          | ***************************************           |                             |                                            |                                                                                   |                                      |
| Official            | Form 106De                                        | ec                          |                                            |                                                                                   | Check if this is a<br>amended filing |
| Declarat            | tion About an                                     | Individual Deb              | tor's Schedules                            | <b>i</b>                                                                          | 12/1                                 |
| If two married      | people are filing togeth                          | er, both are equally respo  | nsible for supplying correc                | t information.                                                                    |                                      |
| money or prop       | erty by fraud in connect<br>1341, 1519, and 3571. |                             |                                            | aking a false statement, concealing pr<br>\$250,000, or imprisonment for up to 20 |                                      |
| Did you p           | pay or agree to pay some                          | eone who is NOT an attorn   | ey to help you fill out bank               | cruptcy forms?                                                                    |                                      |
| ✓ No                |                                                   |                             |                                            |                                                                                   |                                      |
| Yes.                | Name of person                                    |                             | Attach Bankruptcy F Signature (Official Fo | Petition Preparer's Notice, Declaration, and orm 119).                            | <u> </u>                             |
|                     |                                                   |                             |                                            |                                                                                   |                                      |
|                     |                                                   |                             |                                            |                                                                                   |                                      |
|                     | nalty of perjury, I declar                        | re that I have read the sun | nmary and schedules filed t                | with this declaration and                                                         |                                      |
| mat mey             | are true and correcti                             |                             | , 0                                        |                                                                                   |                                      |
| X /s/ Rosie         | Portis                                            |                             | ×                                          | es la Doctas                                                                      |                                      |

Date

MM/DD/YYYY

Signature of Debtor 1

Date 9/29/2017

MM/DD/YYYY

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| Debtor 1 |                                                   |                         | Portis                          | Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
|----------|---------------------------------------------------|-------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
|          | First Name                                        | Middle Name             | Last Name                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          | thin 2 years before yo<br>editors, or other parti | 7 73                    | d you give a financial state    | nent to anyone about your business? Include all financial institu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ıtions, |
|          | l No                                              |                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| ~        | Average                                           | a halaw                 |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          | Yes. Fill in the details                          | s below.                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          |                                                   |                         | Date issued                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          | News                                              |                         | MM/DD/YYYY                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          | Name                                              |                         | MIM/DD/1111                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          | Number Street                                     |                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          | Namber Officer                                    |                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          | City                                              | State Zip Code          |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          | _                                                 | otato zip oode          |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| Part 12: | Sign Below                                        |                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| a ba     | <b>x</b> /s/ Ro                                   | sie Portis              | 00, or imprisonment for up t    | o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |
|          | Signature                                         | of Debtor 1             |                                 | Sighature of Debtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |
|          | Date 9/2                                          | 9/2017                  |                                 | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
|          |                                                   |                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| Did y    | ou attach additional                              | pages to Your Statemen  | t of Financial Affairs for Indi | viduals Filing for Bankruptcy (Official Form 107)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
|          | No                                                |                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          | Yes                                               |                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| Did y    | ou pay or agree to pa                             | y someone who is not ar | attorney to help you fill ou    | bankruptcy forms?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |
|          | No                                                |                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|          |                                                   |                         |                                 | A 1400 Northborn Co. Britanian Carter Co. Britanian Co. Br |         |
|          | Yes. Name of person                               |                         |                                 | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |

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### UNITED STATES BANKRUPTCY COURT

**Northern District of Illinois** 

| In re:         | Portis, Rosie                          | Case No                                |                                      |
|----------------|----------------------------------------|----------------------------------------|--------------------------------------|
|                | Debtor(s)                              |                                        |                                      |
|                |                                        | Chapter.                               | Chapter13                            |
|                | VERIFICA                               | TION OF CREDITOR MA                    | TRIX                                 |
|                | V = 1 11 10 / 1                        |                                        |                                      |
| The knowledge. | e above named Debtors hereby verify th | at the attached list of creditors is t | rue and correct to the best of their |
| Mowleage.      |                                        |                                        |                                      |
|                |                                        |                                        |                                      |
| Date:          | 9/29/2017                              | /s/ Portis, Rosie                      | Rosi Dorlis                          |
| 52c            |                                        | Portis, Rosie Signature of De          | (30375,                              |

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| Debt | or 1 Rosie                                        |                                                                    | Portis                                            | Case number (if known)                                                                                          | - Ci        |
|------|---------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|
|      | First Name                                        | Middle Name                                                        | Last Name                                         |                                                                                                                 |             |
| 16.  | Calculate the median far                          | nily income that applies to y                                      | ou. Follow these steps:                           |                                                                                                                 |             |
|      | 16a. Fill in the state in which                   | ch you live.                                                       | Illinois                                          |                                                                                                                 |             |
|      | 16b. Fill in the number of p                      | eople in your household.                                           | 1                                                 |                                                                                                                 |             |
|      | 16c. Fill in the median fam                       | ily income for your state and s                                    | ze of                                             |                                                                                                                 | \$50,765.00 |
|      | household<br>using the link specifie              | d in the separate instructions f                                   |                                                   | a list of applicable median income amounts, go online y also be available at the bankruptcy clerk's office.     |             |
| 17.  | How do the lines compar                           | e?                                                                 |                                                   |                                                                                                                 |             |
|      |                                                   |                                                                    |                                                   | orm, check box 1, <i>Disposable income is not determined nof Disposable Income</i> (Official Form 122C-2).      | 1           |
|      | U.S.C. § 1325(b)                                  |                                                                    | Calculation of Disposa                            | k box 2, Disposable income is determined under 11  able Income (Official Form 122C-2). On line 39 of that       | E           |
| Part | 3: Calculate Your Co                              | mmitment Period Under                                              | 11 U.S.C. §1325(b)(                               | (4)                                                                                                             |             |
| 18.  |                                                   | monthly income from line 11                                        | ***************************************           |                                                                                                                 | \$3,301.15  |
| 19.  | Deduct the marital adjust commitment period under | tment if it applies. If you are<br>11 U.S.C. § 1325(b)(4) allows   | married, your spouse is you to deduct part of you | not filing with you, and you contend that calculating the<br>our spouse's income, copy the amount from line 13. |             |
|      | 19a. If the marital adjustme                      | ent does not apply, fill in 0 on                                   | ine 19a.                                          | *                                                                                                               | -\$0.00     |
|      | 19b. Subtract line 19a fro                        | om line 18.                                                        |                                                   |                                                                                                                 | \$3,301.15  |
| 20.  | Calculate your current m                          | onthly income for the year.                                        | Follow these steps:                               |                                                                                                                 |             |
|      | 20a. Copy line 19b.                               |                                                                    |                                                   |                                                                                                                 | \$3,301.15  |
|      | Multiply by 12 (the nu                            | imber of months in a year).                                        |                                                   |                                                                                                                 | x 12        |
|      | 20b. The result is your curr                      | ent monthly income for the ye                                      | ar for this part of the forn                      | n.                                                                                                              | \$39,613.80 |
|      | 20c. Copy the median fam                          | ily income for your state and s                                    | ize of household from lin                         | ne 16c.                                                                                                         | \$50,765.00 |
| 21.  | How do the lines compar                           | e?                                                                 |                                                   |                                                                                                                 |             |
|      | Line 20b is less than line commitment period is   |                                                                    | red by the court, on the                          | top of page 1 of this form, check box 3, The                                                                    |             |
|      |                                                   | or equal to line 20c. Unless ot<br>eriod is 5 years. Go to Part 4. | herwise ordered by the c                          | court, on the top of page 1 of this form, check box                                                             |             |
| Part | 4: Sign Below                                     |                                                                    |                                                   |                                                                                                                 |             |
|      | Py signing here I deels                           | era under papalty of parium tha                                    | t the information on this                         | s statement and in any attachments is true and correct.                                                         |             |
|      | by signing here, i decid                          | are unique perialty of perjury tha                                 | it the information on this                        | s statement and in any attachments is tide and conect.                                                          |             |
|      | 🗶 /s/ Rosie Portis                                | Mosa Pulm                                                          | _ *_                                              |                                                                                                                 |             |
|      | Signature of Debto                                | r1 V                                                               | S                                                 | Signature of Debtor 2                                                                                           |             |
|      | Date 9/29/2017<br>MM/DD/YYY                       | <u>~</u>                                                           | D                                                 | Date MM/DD/YYYY                                                                                                 |             |
|      |                                                   | NOT fill out or file Form 1220 out Form 1220-2 and file it w       |                                                   | of that form, copy your current monthly income from lin                                                         | ne 14       |